

JAN. 25. 1864.

# AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. IV. } NEW SERIES. NEW YORK: SATURDAY, JANUARY 23, 1864. { *Mall Subscribers, \$3 per Ann.*  
VOL. VIII. } *City and Canadian, \$3 50*  
Single Numbers, 10 cents.

Page	Page	Page	Page
<b>LECTURE.</b>			
Remarks on the Recently Proposed American Plan of Treating Gunshot Wounds of the Chest by "Hermetically Sealing." By T. Longmore. . . . .	87	Case of Gunshot Wound of Elbow-Joint. By J. Farnsworth, M.D. . . . .	42
<b>ORIGINAL COMMUNICATIONS.</b>		A Labor, with Prolapse of the Funis and Transverse Presentation. By Joseph Martin, M.D. . . . .	42
The Indications for the Use of Stimulants in the Treatment of Typhoid Fever, being an Abstract of Remarks made by Hanbury Smith, M.D. . . . .	89	<b>REPORTS OF HOSPITALS.</b>	
Ulceration of the Stomach. By George Bayles, M.D. . . . .	41	KINGS COUNTY HOSPITAL, N. Y.: Syphilitic Necrosis of Bodies of Cervical Vertebra. By Chas. R. Sanderson, M.D. . . . .	43
		<b>REPORTS OF SOCIETIES.</b>	
		N. Y. PATHOLOGICAL SOCIETY:	
		Stated Meeting, Oct. 14, 1863. Dr. D. S. Conant, President, in the Chair. Ovarian Tumor, with Twisting of the Pedicle. . . . .	44
		<b>EDITORIAL ARTICLES.</b>	
		Literature in Medicine. . . . .	45
		Medical Society of the State of New York. . . . .	46
		Sanitary Commission Fair at Albany, New York. . . . .	46
		Society for the Relief of Widows and Orphans of Medical Men. . . . .	46
		Treatment of Gunshot Wounds of the Chest. . . . .	46
		<b>REVIEWS.</b>	
		Outlines of the Chief Camp Diseases of the U. S. Armies, as observed during the War. By Jos. Janvier Woodward, M.D. . . . .	47
		<b>ARMY MEDICAL INTELLIGENCE.</b>	
		Orders, Changes, etc. . . . .	48
		<b>MEDICAL NEWS.</b>	
		METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK. . . . .	46
		<b>SPECIAL NOTICES.</b>	

## THE CRIMEAN WAR.

## THE BRITISH ARMY AND MISS NIGHTINGALE.

By CHARLES SHRIMPTON, M.D.,

Late Surgeon Major (French Army); late Surgeon-in-Chief of Field Hospitals, and of the Military Hospital, Setif, Algeria.

8vo. London, 1864.

Price 85 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## Greenhow on Diphtheria.

The edition of this work being almost exhausted, the price has been raised from this date to \$1.75.

January 4, 1864.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

A LIST OF

## THE NEW ENGLISH, FRENCH, AND AMERICAN WORKS, ON MEDICINE AND ALLIED SCIENCES.

The prices are given in *sterling* and *francs*, and the rates at which the books can be supplied or imported, if not in stock, will be given on application.

- ANDERSON.—A Practical Treatise upon Eczema, including its Lichenous, Impetiginous, and Pruriginous Varieties. 8vo., London, 5s.
- BEALE.—Urine, Urinary Deposits and Calculi, and on the Treatment of Urinary Diseases. 2d edit., post 8vo. London, 8s. 6d.
- BEYANT.—The Surgical Diseases of Children. Post 8vo. London, 5s.
- CANTON.—On the Arcus Senilis, or Fatty Degeneration of the Cornea. 8vo., illustrated. London, 10s. 6d.
- DANCEL.—Traite Theorique et Pratique de l'Obesite. 8vo. Paris, fr. 6.
- EDWARDS.—A Manual of Zoology. By R. KNOX. 2d edit., 12mo., illustrated. London, 8s. 6d.
- EDWARDS.—Leçons sur la Physiologie et l'Anatomie comparee de l'Homme et des Animaux. Vol. 8, part 1. 8vo. Paris, fr. 5.
- ELLIS.—The Medical Formulary enlarged and revised to 1864. By Dr. R. P. Thomas. 8vo. Phila., \$2.25.
- FABRE.—Des Maladies Mentales et des Asiles d'Alienes, Leçons Cliniques et Considerations Generales. 8vo. Paris, fr. 11.
- FOX.—Skin Diseases of Parasitic Origin, their Nature and Treatment, including the Description and Relations of the Fungi found in Man. 8vo., illustrated, 7s. 6d.
- GUBERIN.—Maladies des Organes Genitaux Externes de la Femme, Leçons Professees a l'Hopital de Louvain. 8vo. Paris, fr. 7.
- HEWITT—GRAILLY. The Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. 8vo. London, 16s.
- HILTON.—On the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases. 8vo. London, 16s.
- HOGG.—A Manual of Ophthalmoscopic Surgery, being a Practical Treatise on the Use of the Ophthalmoscope. 8vo., illustrated. London.
- LANDRAU.—Histoire Naturelle de la Syphilis, par Dr. Diday. 2o Lettre sur la Syphilis. 8vo. Strasbourg.
- LAURE.—Histoire Medicale de la Marine Francaise, pendant les Expeditions de Chine et de Cochinchine, de 1829-1862. 8vo. Paris, fr. 8.
- LAUTH.—De l'Embryothlasie et en Particulier de la Cephalotripsie. 4to., illustrated. Paris, fr. 6.
- LAYCOCK, T.—The Principles and Methods of Medical Observation and Research. Post 8vo. Edinburgh, 8s. 6d.
- LYELL.—L'Ancienete de l'Homme Prouvee par la Geologie. 8vo. Paris.
- MAREY.—Physiologie Medicale de la Circulation du Sang basee sur l'etude graphique des Mouvements du Cœur et de Pouls Arteriels. 8vo. Paris, fr. 10.
- MELIEE.—Relation de la Fievre Jaune survenue a Saint Nazaire en 1861. 4to., illustrated. Paris, fr. 10.
- PAGET.—Lectures on Surgical Pathology. Edited by W. Turner. 8vo. London, 21s.
- POUCHET G.—Precis d'Histoire Humaine d'apres les Travaux de l'Ecole Francaise. 8vo., illustrated. Paris, fr. 6.
- POUCHET, M. F. A.—Nouvelles Experiences sur la Generation Spontanee et la Resistance Vitale. 8vo., illustrated. Paris, fr. 7.50.
- RICHARDSON & WATTS.—Chemical Technology; or, Chemistry in its Application to the Arts and Manufactures—forming Vol. 1, part 3 of Knapp's Chemical Technology. This volume treats on Acids, Alkalies, and Salts, their Manufacture and Applications, and is illustrated by 365 engravings. 8vo. London, 1863, 3s.
- RAELE.—Traite de Diagnostice Medical on Guide Clinique des Signes des Maladies. 3d edit., 18mo., illustrated. Paris, fr. 6.
- RAMBAUD ET RENAULT.—Origine et Developpement des Os. 8vo. and Atlas of 28 plates. 4to. Paris, fr. 20.
- TARDIEU, A.—Etude Medico-Legale sur l'Avortement. 8vo. Paris, fr. 3.50.
- WINSLOW, FORBES.—Obscure Diseases of the Brain and Mind. 8d edit., 8vo. London, 10s. 6d.
- WOODWARD, J. J.—Outlines of the Chief Camp Diseases of the U. S. Army, as observed during the Present War. 8vo. Phila., \$2.50.

BAILLIERE BROTHERS

IMPORTERS AND PUBLISHERS OF SCIENTIFIC BOOKS, 440 Broadway, New York.

## PLYE'S CONCENTRATED FLUID MAGNESIA

Is earnestly and confidently recommended to those who appreciate a superior article. Every fluid ounce contains fifteen grains of magnesia in an elegant and permanent solution. Whilst possessing vastly increased medicinal properties, it is furnished at a lower price than any similar article of Foreign or domestic manufacture. As a corrector of acidity, an invigorating tonic, and safe aperient in all disorders of the digestive organs, it is without a rival, and has elicited unqualified approbation.

PLYE & BROTHER,  
Chemists,  
Brooklyn, N. Y.

### FOR SALE BY

JAS. S. ASPINWALL, 86 William St., N. Y.  
SCHIEFFELIN BROTHERS & CO., William, cor. Beekman St., N. Y.  
CASWELL, MACK & CO., Fifth Ave. Hotel, N. Y., and Newport, R. I.  
HEGEMAN & CO., Broadway, N. Y.  
JOHN MEAKIM, 679 Broadway, N. Y.  
P. M. BASSETT, cor. Court and Atlantic Sts., Brooklyn, N. Y.  
J. H. OLLIP, cor. Gates and Vanderbilt Avenues, Brooklyn, N. Y.  
F. BROWN, cor. Fifth and Chestnut Sts., Philadelphia.  
H. C. BLAIR, cor. Eighth and Walnut Sts., Philadelphia.  
WYETH & BROTHER, 1412 Walnut St., Philadelphia.

And by Druggists generally.

## The "Fifth Avenue Pharmacy,"

157 FIFTH AVE., BET. 21ST AND 22D ST.

J. P. FILER, PROPRIETOR,

JOHN CANAVAN, PHARMACEUTIST.

The Undersigned would beg to inform the Medical Profession that he is again in business at the above establishment, where, having the entire control of the Pharmaceutical Department, he will be enabled to carry on business as formerly for himself.

Respectfully,

JOHN CANAVAN.

N.B.—Medicines at all hours, day and night.

## New York Ophthalmic School.—

Lectures on Ophthalmic Medicine and Surgery will be delivered at the N. Y. Ophthalmic Hospital, corner 4th Ave. and 28th St., every Saturday, at four o'clock P.M., by Marcus P. Stephenson, M.D., one of the attending surgeons. The Lectures will be illustrated by Dissections, Models, Paintings, and by Delcamp's magnificent engravings on the pathology of the eye. Clinical instruction will also be given Tuesday, Thursday, and Saturday, from 1 to 3 o'clock P.M., at the Hospital to the members of the class.

Tickets for the entire Course will be \$7. Examination and Diploma, \$3.

SOLOMON JENNER, A.M.,  
President.

## DR. C. F. TAYLOR'S

## LOCALIZED MOVEMENTS,

NO. 159 FIFTH AVENUE.

ONE BLOCK BELOW 5TH AVE. HOTEL.

NEW YORK.

CHARLES F. TAYLOR, M.D.

BENJ. LEE, M.D.

## Buffalo Medical and Surgical Journal.

A MONTHLY PERIODICAL.

The Buffalo Medical and Surgical Journal is published monthly, containing reports of Medical Societies and Hospitals, Editorials, Reviews, Correspondence, Army News, etc., etc.; including the usual variety of Medical Periodical Publications. Specimen copies sent on application. Terms \$2.00 a year, in advance.

J. F. MINER, M.D.,  
Editor *Buffalo Med. and Surg. Jour.*,  
Buffalo, N. Y.

## Diphtheria: Practical Observations

on, and the Treatment of, with cases.

ALSO

## Pyrophosphate of Iron, Preparation

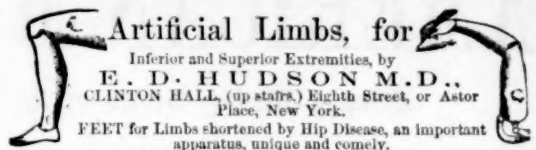
and Therapeutical Uses of.

By E. N. CHAPMAN, M.D.,

Prof. of Therapeutics and Materia Medica, Prof. of Clinical Obstetrics, and Physician in the Long Island College Hospital.

Price 25 cents each.

BAILLIERE BROTHERS, 440 Broadway, N. Y.



Soldiers provided with legs, without cost, by Dr. H., the only one commissioned by the Surgeon-General, U.S.A., for the Northern Division. Dr. H., having devoted his attention and practice for fourteen years to the subject of Artificial Limbs, has made such improvements upon the "Palmer Patent," the right to which is his by purchase, as to render his treatment in this branch of surgery superior to all others. The Surgical Adjutant sent gratis.

### REFERENCES.

VALENTINE MOTT, M.D.,  
WILLARD PARKER, M.D.,  
J. M. CARNOCHAN, M.D.,  
GURDON BUCK, M.D.,  
F. H. HAMILTON, M.D., Brigade Surgeon of U.S.A.,  
WM. H. VAN BUREN, M.D.,  
STEPHEN SMITH, M.D.,  
THOMAS MARKOE, M.D.,  
JAMES E. WOOD, M.D.,  
DAVID P. SMITH, M.D., Surgeon U.S.A.

## VACCINE

## Virus of all kinds, perfectly pure, and

most reliable, used by the leading physicians of this city; put up in the best form for transmission to any part of the world. Prices—single tube, 75 cts; three, \$2; single charge of eighth-day lymph, on pointed quills, 15 cts; fifteen points, \$1; single charge, on convex surface of section of quill, 20 cts; ten, \$1. Crusts from \$1 to \$3 according to weight.

Address, Eastern Dispensary, 57 Essex Street, New York.

Recently issued, 12mo., 48 pages, with 16 illustrations: price 25 cts. by mail postage free.

## The Mechanical Treatment of Angular CURVATURE, or Pott's Disease of the Spine. By C. F. Taylor, M.D.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## Medical Department of the University of Vermont.—

The next Annual Course of Lectures will commence the last Thursday, being the 25th, of February, 1864, and will continue sixteen weeks.

### Medical Faculty.

REV. JOSEPH TORREY, D.D., President.  
SAMUEL WHITE THAYER, Jr., M.D., Burlington, Prof. of General and Special Anatomy.  
WALTER CARPENTER, M.D., Burlington, Prof. of the Theory and Practice of Medicine and Materia Medica.  
DAVID S. CONANT, M.D., New York, Professor of the Principles and Practice of Surgery.  
JOSEPH PERKINS, M.D., Castleton, Prof. of Obstetrics and Diseases of Women and Children.  
STEPHEN ROGERS, M.D., Lecturer on Physiology and Pathology.  
HENRY M. SEELY, M.D., South Orono, N.Y., Prof. of Chemistry and Toxicology.  
EDWARD B. NIMS, A.B., Demonstrator of Anatomy.  
S. W. THAYER, Jr., Burlington, Dean of Medical Faculty.

### Conditions of Membership.

At the commencement of the Session, every Student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

Fees.—Matriculation, \$3.00; Dean's Certificate (entitling the holder to the Tickets of each Professor), \$50.00; Graduation, \$18.00.

Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10.00. Graduates of this and other regular Medical Schools are invited to attend the Lectures, free of charge.

## BOWDOIN COLLEGE.

### MEDICAL DEPARTMENT.

The 44th Annual Course of Lectures in the MEDICAL SCHOOL OF MAINE, at Bowdoin College, will commence February 26th, and continue sixteen weeks. Circulars containing full information can be had on application to the Secretary, at Williamstown, Mass., or to B. S. Conant, M.D., 27 East 24th street, New York.

P. A. CHADBOURNE, M.D.,  
Secretary.

Brunswick, October 9, 1863.

## New York Academy of Medicine.—

Transactions, Vol. I. 8vo. cloth, \$2.50. In paper cover, \$2.00. Subscriptions received for the Transactions at \$2.00 per volume. Bulletin, Vol. I, 1861-62, 8vo. cloth, \$1.50. If sent by mail, 32 cents extra must be remitted for the Transactions, Vol. I, and 36 cents for the Bulletin, Vol. I.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## Lecture.

REMARKS ON THE  
RECENTLY PROPOSED AMERICAN PLAN  
OF  
TREATING GUNSHOT WOUNDS OF THE CHEST  
BY "HERMETICALLY SEALING."\*By T. LONGMORE, DEPUTY INSPECTOR-GENERAL,  
PROFESSOR OF MILITARY SURGERY, ARMY MEDICAL SCHOOL.

A PLAN of treating chest wounds has been lately brought to notice in the *AMERICAN MEDICAL TIMES* by Dr. B. Howard, of the United States Army, which is called by its author the "treatment by hermetically sealing;" and the editor states it to be understood that at the next engagement of the army of the Potomac an hospital is to be organized, under charge of Dr. Howard, for the sole purpose of treating gunshot wounds of the chest by the sealing process. Dr. Howard advocates the propriety of this treatment for all penetrating wounds of the chest by gunshot. He also describes it to be applicable to penetrating wounds of the abdomen, whether made by gunshot or stabbing instruments.

The following is a description, in Dr. Howard's own words, of the manner in which the operation of hermetically sealing is to be practised:—

"All accessible foreign bodies having been removed, introduce the point of a sharp-pointed bistoury perpendicularly to the surface just beyond the contused portion, and, with a sawing motion, pare the entire circumference of the wound, converting it into a simple incised wound of an elliptical form. Dissect away all the injured parts down to the ribs, then bring the edges of the wound together with silver sutures, deeply inserted, at not more than a quarter of an inch apart; secure them by twisting the ends, which are then cut off short and turned down out of the way. Carefully dry the surface, and with a camel's hair pencil apply a free coating of collodion over the wound; let it dry, and repeat it at discretion.

"For greater security, shreds of charpie may now be arranged crosswise over the wound, after the manner of warp and woof; saturate it with collodion, and when dry repeat the process, until the wound is securely cemented over. As a still greater protection, a dossil of lint may then be placed over the part and retained with adhesive straps.

"If there be a tendency to undue heat in the part, it may be kept down with cold affusion; should any loosening of the dressing occur, an additional coating of collodion may be applied. The sutures must not be removed until healing by first intention is complete.

"Should suppuration occur, so as to occasion distressing dyspnoea, proceed to treat it in all respects as a case of empyema, introducing the trocar at the most dependent point, and taking special care to avoid the admission of air."

Dr. Howard describes particularly three advantages which are gained by this perfect closure of the wound. 1st. Hemorrhage is controlled. At the worst, he says, the amount of blood lost after the operation cannot be more than would suffice to fill up the unoccupied space remaining in the pleural cavity; the elastic clot resulting furnishing a styptic *par excellence* for the wounded vessels of the yielding lung. 2d. Dyspnoea is immediately relieved upon removal of the atmospheric pressure. 3d. Suppuration, if not prevented, is greatly diminished by shutting out the

constantly renewed currents of atmospheric air, and its character is very favorably modified. "Indeed, if the wound were closed soon enough," says Dr. Howard, "I deem it possible that the slough of the track through the lung, with the limited amount of attendant pus, might be entirely disposed of by absorption and expectoration."

As a proof of the successful results of the sealing plan of treatment, Dr. Howard mentions that some cases upon which he operated were six days in the ambulances before reaching a General Hospital, part of the road travelled over being of the worst description; on the fifth day all but one of these so treated were able to walk comfortably.

In considering the proposed treatment, what first attracts notice is the absence of any limitations in its application, and the assumption that healing of the wound by the first intention can be secured in all such cases. It is the unqualified manner in which this plan of treatment is put forth that makes me think it important to notice it; for if put into practice as described, I feel certain it must lead not only to much disappointment, but occasionally do considerable harm. The wounds of the chest to which it is to be applied are simply designated "penetrating wounds," but it is obvious from Dr. Howard's remarks that he includes perforating wounds, and indeed all wounds in which the cavity of the chest is opened by gunshot, with or without wound of the lung. As I have already explained, the variations which are constantly found in the accompanying circumstances of a number of wounds of the chest by gunshot involve corresponding variations in their degrees of gravity and probable issues. The difference between an ordinary penetrating wound by gunshot, and a perforating one, is immense; in the one case the projectile is probably lodged; in the other it has passed out. Again, in either a penetrating or a perforating wound, most important differences arise in the nature of the injury and the effects of the treatment, according as the lung is penetrated or not; and serious differences also depend upon the part of the lung penetrated or traversed by the ball. All these circumstances should be noted and taken into account in estimating the value of a special plan of treatment in a given number of cases. If a ball passes through or near the root of the lung, it is scarcely possible to prevent a fatal result by any plan of treatment; if the track of the ball has been limited to the periphery of the lung, and the constitution of the patient and opportunities of treatment be favorable, we have a right to expect a favorable cure in a considerable proportion of cases under the mode of treatment which has hitherto been in ordinary use of late years, and which I have already described to you.

The surgeon's efforts to secure healing by the first intention in the way named in gunshot wounds will, I think, be attended with success in only a very small proportion of exceptional cases. It is the rule of practice among army surgeons to close completely, by sutures, compresses, adhesive plasters, and bandages, all wounds of the chest—such as incised and stabbing wounds—in which there is thought to be a probability of union by the first intention being obtained. Not only the relief to the breathing by rendering more complete inflation of the lungs practicable—which is the immediate effect of this operation in an incised wound of the soft parietes of the chest and periphery of the lung,—but the arrest of the hemorrhage (if this complication exist), together with the prevention of subsequent extended pleuritis and pleuro-pneumonia, are sought to be obtained by these means. And as in many cases the urgent symptoms have gradually abated under this treatment, and eventually respiration in the wounded lung been re-established, it has been rendered evident that the wounds had become closed by the adhesive process. You will find such cases fully recorded in the works of Guthrie, Larrey, Hennen, and others. But in treating cases of incised wounds we cannot rely upon obtaining healing by adhesion even of the external orifice, although this may be uncomplicated with injury or cartilage; and we should be prepared to meet these abortive attempts by

\* Being part of a Lecture delivered at the Army Medical School on the sixteenth of December, 1863.

† Treatment of Gunshot and Penetrating Wounds of Chest and Abdomen by Hermetically Sealing. By B. Howard, M.D., Assistant-Surgeon U.S.A., Surgeon-in-Chief, Artillery Brigade, Fifth Corps, Army of the Potomac. Camp on Rappahannock, Va. Sept. 14, 1863. In a communication to the *American Medical Times*, No. 14, vol. vii., p. 156.



other definite plans of treatment. The restlessness of the patient, the natural movements of the chest in respiration, inflammatory action, cough, weakened health, habits of life, and special conditions of the tissues, may thwart our attempts to effect this object. When to these sources of failure we add continued hæmorrhage at the seat of injury in the parietes, and torn cartilage or divided ribs—such frequent concomitants of these injuries,—the difficulty of obtaining healing by the first intention is still further increased.

When we leave incised wounds and approach those of penetrating gunshot wounds—at least those inflicted by projectiles as large as ordinary musket-balls,—the probability of obtaining healing by the first intention seems to be altogether absent. Here not only all the ordinary sources of prevention of this desired result which I have just mentioned exist in an aggravated degree, but, in addition, a rib, when struck, is not simply divided as by a sword, but is contused and splintered, and the soft parts around the opening made by the ball, for a distance varying according to the size and shape of the projectile, and its amount of momentum, are bruised, and their vitality and reparative tendency proportionately diminished. To remove this sphacelated surface and surrounding bruised structures by incision, and then to force the edges of this enlarged opening together by sutures (for it is to be remembered, even in cases where ribs and their cartilages have escaped, the intercostal muscular tissues and pleura—not merely the integument—are contused and torn), appears to involve the necessity of such a strain as would prevent all probability of cohesion by first intention, even if such further impediments as costal movements, sudden impulses by coughing, and symptoms of inflammation arising, were not in existence. Experience has hitherto taught that in these injuries provision must be allowed for the escape of sloughs and suppurative discharges from the parietal wounds—not to mention other circumstances; and that to pen them up by closed compresses is to thwart nature's plan of attempting cure, and to aggravate the evils which have been already inflicted. Hence the rule has arisen in all cases of *incised wounds* of the chest, whether hæmorrhage be present or not, to close the wound by suture and compress as early as possible, and to seek for union by adhesion; but in *gunshot wounds*, not to close by suture, and only to make accurate closure a matter of necessity where they are accompanied by active hæmorrhage.

Baron Larrey, in his memoirs of the Egyptian campaign,\* has given an excellent explanation of the manner in which the urgent symptoms of an incised wound of the lung with hæmorrhage, when the hæmorrhage arises wholly from the pulmonary vessels, are frequently caused to cease, if the wound in the chest be accurately closed. While the wound is open, the inspired air, finding a ready way of exit by the opening in the lung, constantly opposes the cohesion of the margins of this opening, at the same time that its escape in this way prevents the distension of the air-cells of the surrounding lung-structure, which would lessen the arterial flow, and accelerate the return of the blood by the pulmonary veins. When the wound in the chest has been accurately closed, after allowing the blood already effused in the pleura to escape through the opening by favorable position, the air introduced into the lung by breathing, not finding the same way of issue, fills more completely the small bronchial tubes and air-cells, facilitates the return of blood to the heart, causes the divided lung surfaces to approach each other, favors the contraction of the orifices of the wounded vessels, and assists by these means, as a consequence, the adhesive process. But in the case of a contused and ragged canal being opened through the lung by a projectile passing into or through it, all the circumstances are manifestly changed: if bleeding is going on from its surface, neither the passage of the air through the wound in the chest-wall

nor its restraint can exert influence upon it, for the track of the ball will remain patulous under all circumstances, so far as the act of respiration is concerned.

Let me briefly consider the three advantages which Dr. Howard advocates for the hermetically sealing treatment in gunshot wounds. Dr. Howard states the causes of fatality in gunshot wounds of the lungs to be hæmorrhage, dyspnoea, and suppuration; and that these may be restrained and modified, if not prevented or removed, by the simple operation already described.

*Hæmorrhage.* Dr. Howard rightly places first amongst the causes of fatality. It is the symptom which of all others alarms the surgeon; for he cannot but feel how much the power of nature to arrest the flow of blood, and how much the result of his own endeavors to aid nature in her efforts, must depend upon accidental circumstances connected with the course of the projectile and the injuries it has inflicted, which it is entirely out of his power to control. The track of the bullet is out of sight; the injury it has done to the lung is out of reach. It may be judged that vessels of the largest size have not been divided as it traversed the viscus, or death would have been nearly instantaneous; a surmise may even be made of the part of the lung wounded by the situation of the aperture of entrance, or, if two openings exist, by a supposed line connecting them. But such surmises are often proved to be erroneous by post-mortem inspection; even the source of the hæmorrhage, whether it be wholly pulmonary or wholly parietal, or the two combined, cannot be diagnosed with certainty in these complicated wounds. It is not to be wondered at, then, that under such circumstances of doubt and consciousness of helplessness, surgeons, though recognising the differences between a gunshot and an incised wound of a lung, should nevertheless, almost instinctively, stop the gap through which the life-blood of the patient is seen to be flowing. Although the surfaces of the wound in the lung cannot be brought into contact and coaptation, there is still the hope that as the blood accumulates within the pleura, it may exert such a pressure upon the wounded lung, and, perhaps, so plug up the mouths of the open vessels, as to stay the flow of blood, and procure time for the saving processes of nature and the application of remedial measures on the part of the surgeon that may lead to the recovery of the patient. And the most experienced army surgeons have long recommended this course under circumstances of gunshot wounds with profuse hæmorrhage. "Hermetically sealing," thus applied, is only a new term: the practice is not new. Immediate closure of the wound is, at the present day, the general practice of all surgeons in such cases. The difference in the treatment between the practice of *closure* and *hermetically sealing* is, that in the one no attempt is made to obtain healing of the wound by the first intention, which it is not expected can be obtained in openings made by gunshot; and, secondly, that the continuation of the closure is made subject to other contingencies which are not unlikely to follow the injury. It frequently happens in such cases that the flow of blood, after the closure, is not arrested until the accumulation on the wounded side is so great that the pressure exerted upon the heart and sound lung is strong enough to threaten death from asphyxia. It is manifest under such circumstances that the wound cannot be kept hermetically sealed; it must be reopened, some of the effused blood allowed to escape, and there still remains the hope that the weakened state of the circulation, and the usual condition consequent on loss of much blood, with the aid of proper remedial measures, may favor the prevention of further hæmorrhage. If we persist, under these circumstances, in maintaining the hermetically sealing of the chest,—if Dr. Howard's injunction that the sutures are not to be removed until healing by the first intention is complete, is attempted to be carried out,—I fear the risk will be run of causing the death of the patient by suffocation.

*Dyspnoea* is a symptom which may depend on several causes. It may be induced by the very circumstance I

\* Mémoires de Chirurgie Militaire, tome II., p. 165. Paris, 1812.

have just described, after closure of the wound—viz. continued hemorrhage and accumulation of blood in the cavity of the chest, and sealing will not then afford relief: if it depend upon the interference with natural respiration such as has been described to exist in incised wounds of the lung, hermetically sealing might afford relief if there were no complication, and the sealing could be maintained long enough. This continued sealing, however, it is believed, the circumstances connected with the discharges, and other consequences of gunshot wounds, will not admit of. But supposing that for the relief of this symptom the chest has been hermetically sealed, an irregularly torn lung, or a lung with the open track of a ball through it, will almost certainly give rise to pneumothorax, and the continued escape of air into the cavity will cause such compression on all the contents of the chest as to aggravate the dyspnoea extremely, and cause imminent danger to life from suffocation. In such a case, again, the wound must be reopened, or another opening practised by the trocar, to afford relief.

Lastly, Dr. Howard advances that *suppuration* is greatly diminished, if not prevented, by shutting out external air. This is doubtless the case with incised wounds, but can we expect it to be with penetrating gunshot wounds? An uncomplicated wound of this kind, without hemorrhage, without lodgment of foreign bodies, is unfortunately rare indeed, and such complications can scarcely fail but lead to pleuritic effusion and empyema. If the hemorrhage be slight, the blood may be absorbed; but if it be in its usual quantity, and not evacuated, it will irritate the serous sac, and produce the same effects as other foreign bodies. Mr. Guthrie's experience in the Peninsular War led him to state, that in cases in which there was not a free communication between the wound in the parietes and the cavity of the chest, pleuritic effusion was the principal danger to be feared. "When the external wound," Mr. Guthrie says, "has been closed, or is so partially closed as not to allow the escape of the effused fluid, it is commonly the immediate cause of the death of the patient. Its secretion and early evacuation are, therefore, the most important points to be attended to in wounds of the chest."\*

I have thought it right to consider this subject at some length because I fear, if penetrating gunshot wounds of the chest are treated indiscriminately by hermetically sealing the external wound or wounds, a fatal termination will be induced in some cases which might terminate otherwise under the more ordinary methods of treatment. But if my fears in this respect should be proved to be groundless, and practice shall bring to light an improved method of treating these serious injuries, military surgery will be greatly indebted to its author; for it is undoubtedly unhappily most true that hitherto, in all campaigns, the proportion of fatality in really penetrating and perforating wounds of the chest has always been excessively large. I believe the proportion of fatality would even appear greater than it does in some tables if the diagnosis were more accurately made in the various hospitals from the combined returns of which such tables have been composed. Easy as one might at first suppose to be the diagnosis of a musket-ball wound of the chest, whether penetrating or non-penetrating, experience shows that it is not so. Partial circuits of balls beneath the integuments and the muscles of this region, beneath the scapula, perhaps complicated with great bruising, fracture, hemorrhage, and attended with dyspnoea, hemoptysis, and faintness, deceive the unwary at once into the belief that the chest must have been opened and traversed by the ball when the pleura has escaped entire. The circumstances of field hospitals for some time after a battle too often add to the chances of inaccurate diagnosis of particular wounds, and errors, once made, are not likely to be changed in the tabular returns, although the nature of each case may be more truly arrived at in the secondary or general hospitals, through which the patients subsequently pass. I have repeatedly seen cases returned as *penetrating wounds*, in which I have been able to demonstrate satisfac-

torily that the cavity of the chest has not been exposed at all. You will find several such cases described by me in the last volume of the "Army Medical Reports," under Wounds of the Chest. If, as has been stated, a field hospital should be established in America for the reception of gunshot wounds of the chest, and the cases be submitted to the treatment I have been commenting upon, it is especially to be hoped that the diagnosis in each case shall be in the first instance established and defined as accurately as possible, so that the value of the observations made on the effects of this treatment, and of the tabular deductions as to its final results, may not be impaired by any doubts as to the nature of the series of cases which have been subjected to it.

No pains appear to be spared by the authorities in America to encourage professional investigations of this nature; and under the able direction of the energetic Surgeon-General, Dr. Hammond, and from the observations of the hundreds of medical officers who are laboring in the immense field of campaigning practice which is now afforded in that country, we have every right to expect that great advances will be made there in the science of military surgery.

## Original Communications.

THE

### INDICATIONS FOR THE USE OF STIMULANTS IN THE TREATMENT OF TYPHOID FEVER,

BEING AN ABSTRACT OF REMARKS MADE

By HANBURY SMITH, M.D.,

AT A MEETING OF THE NEW YORK COUNTY MEDICAL SOCIETY, DEC., 1863.

DISCLAIMING any recommendation of routine practice, Dr. Smith thought that every experienced physician would gladly welcome any ready method which should save his so often outworn mind, if it were ever so little, of the laborious exertion which conscientious individualization of cases demands. He therefore ventured to call the attention of the Society to the researches of Stokes, and the rules founded thereon, especially as simplified by Huss. Was surprised not to have heard mention of these rules during the discussion, either to dispute their correctness or to corroborate them; the more especially as the admission seemed to be universal, that the pulse and the general condition were fallacious guides in some cases. After twenty years of experience in their application, the Doctor considered the rules proposed as not only safe guides in general, and even in other diseases beside the typhoid fevers, but as great labor-savers, especially valuable in hospital practice and in epidemics, assisting individualism, but by no means rendering that duty supererogatory.

As long ago as 1839, Stokes published his researches on the use of wine, and the state of the heart in fever; as a result of which he lays down the rule, that "in the progressive failure of the impulse, in the diminution and extinction of the systolic sound, in that condition of the heart in which its sounds resemble those of the fetus in utero, we have distinct and easily ascertainable indications for the use of wine, and an assurance that in most cases the remedy will be successful." Stokes also expresses his belief that attention to the commencing failure of the heart's power, as revealed by auscultation, will enable us to anticipate the general prostration by freely resorting to wine, even when the strong pulse, urgent thirst, and vivid redness of the maculae would seem to counter-indicate the remedy. It is not asserted that the heart always shows signs of loss of power in exact ratio with progressive adynamia; on the contrary, it sometimes remains unaffected in extreme cases, yet where stimulants freely administered prove eminently useful. So also there occur cases of ex-

\* Commentaries on Surgery, 5th edit., p. 352.

treme adynamia with violent excitement of the heart, but in these cases stimulants, however freely administered, are of no avail. This last singular exception, Dr. Smith suggested, may possibly be due to an anomalous condition of the blood, which some post-mortem examinations have shown to be inspissated, or thickened, instead of, as more commonly found, "dissolved," or unnaturally fluid and defibrinated. The collapse stage of Asiatic cholera, in which there is extreme inspissation of the blood, affords us a somewhat analogous state of things, where also the too free use of stimulants only the sooner exhausts the powers of the already overburdened heart. What is wanted in such cases is the discovery of some mode of treatment which shall restore to the blood a density more nearly normal, and Dr. Smith puts the query if it be not exactly in such cases that the saline treatment of Dr. Stevens is indicated? It is difficult to believe that Dr. Stevens, and others, have been entirely deficient in powers of observation, however faulty the theoretic grounds on which they founded their practice; and it is quite probable that certain salts, or combinations of salts, may possess the property of, at least for a time and *in transitu*, as it were, altering the consistence of the circulatory fluid for the better. If so, a temporary improvement would be likely to follow their administration, and while they can hardly be supposed to exert any curative influence, in the true sense of the term, least of all in self-limited diseases, yet just in such cases, mere prolongation of the struggle against death renders more probable the victory of life. Dr. Stevens's treatment deserves, therefore, a new trial, but only in the anomalous forms of fever above alluded to, where, with progressive adynamia, there is increased violence of the heart's action. Dr. Stevens gave seven grains of chlorate of potassa, twenty of chloride of sodium, and thirty of bi-carbonate of soda, in half a tumbler of water, about every two hours. Dr. Smith would consider it far preferable in fever cases to give the chlorate only, in artificial highly effervescent Vichy water, which contains twenty-five grains of carbonate of soda in the pint, and to give it in smaller doses, more frequently repeated, at least as often as every hour, in fact as often as practicable, without exhausting the patient by too much disturbance. Seltzer water, containing seventeen grains of common salt, six of bi-carbonate of soda, and one of phosphate in each pint, would be likely to prove the best of vehicles for stimulants, or might in some cases be substituted for the Vichy.

The proposition of Huss, founded on independent and very extensive observation, is, that as soon as the first sound of the heart is shortened, so as to resemble the second, the pulse at the same time losing its fulness, stimulants are positively required; and their doses and frequency of exhibition are thenceforward to be regulated by the state of the heart alone. If under their appropriate administration the first sound recovers its normal prolonged character, the necessity for stimulants diminishes as it does so. But if, on the other hand, after having been so shortened as to be indistinguishable in character from the second—thus closely imitating the sounds of the fetal heart—the first sound gradually ceases to be heard altogether, the pulse in the meantime becoming thready, the necessity for stimulants in increasing quantities, and at shorter intervals, becomes more and more imperative.

These signs of progressive weakening of the heart's action, probably coincident with a progressive softening of its substance, sometimes proceed so far that neither first nor second sound is audible, the pulse, though excessively feeble, being commonly perceptible. The case is still not hopeless; no case of fever is while life remains.

In hospital practice Huss did not use alcoholic stimuli to any extent, but relied mainly on medicinal. Thus with commencing adynamia, he prescribed diluted phosphoric acid in doses of twenty drachms and upwards, as soon as the first sound of the heart began to shorten. When that sound became indistinguishable from the second, and both feeble, one or two grains of camphor, always in emulsion,

may be appropriately combined with the phosphoric acid aforesaid, or, where there is considerable diarrhoea, infusion of ipecac. Finally, on the entire suspension of the first sound, when the pulse will be barely perceptible, the patient plucking at the bed-clothes, with mumbling delirium and *subsultus tendinum*, musk is indicated, not in the trifling doses too often prescribed, but from three to five grains, with one of camphor, every two hours, until heart-sounds and pulse return, when it may be gradually suspended.

A pupil of Huss, and practising among the wealthier classes of a people in the habit of very freely indulging in alcoholic stimulants, Dr. Smith early recognised the necessity of not suspending too suddenly and completely the habitual drams, and found the rules just mentioned of the greatest practical value as guides in administering them. As regards choice of liquors, Dr. Smith thought the following rules deserving of consideration. When the patients have not been in the habit of using distilled liquors, wine should be used so long as it is tolerated by the stomach, good Port, not too old, being probably the best, as being rich alike in tannin, sugar, and alcohol. Effervescing wines, like champagne, allowable as the first form of alcohol, soonest disagree. When the stomach no longer tolerates wine, the distilled liquors come into play, or may sometimes with advantage alternate with wines. If the patient have habitually used considerable quantities of any particular form of alcoholic drink, that one is best for him so long as moderate doses produce the desired effect; but when it begins to lose power another form may be substituted, with the important advantage gained of effecting the same amount of stimulation with less injection of alcohol, just as changing from one salt of morphia to another enables us to keep up the narcotic influence with a smaller expenditure of the active base.

Alcohol not being food, but a stimulation of those vital changes causing waste, the more urgent is the necessity to replace that waste, lest the solid organism be called upon to supply more than it can afford, without damage to its integrity; hence the positive necessity of the regulated administration of food, which Dr. Smith considered as not second to any other consideration in the treatment of the typhoid fevers. Dr. Smith argued also that if too little variety in diet will, under certain circumstances, impair the digestive vigor of the strongest, how much more must the weak stomach of the fever patient suffer from the dosing at regular intervals with the unchanging mawkish gruel, or panada. Variety of well-cooked and savory fluid, or semi-fluid food, is absolutely essential. At the same time, commencing with the simplest forms, it should gradually increase in concentration of alimentary principles, yet carefully preserving its digestibility as the vital powers decline, reserving the extractum carnis, Liebig's beef-tea, gravy of underdone meat, etc., as the last resorts of dietetics, alongside of the heroic use of alcohol, musk, and camphor.

Alluding to the very interesting experiments of Chossat on inanition, Dr. Smith thought that his results were susceptible of many indications of great practical value in the dietetic treatment of disease in general, and therefore worthy of consideration, perhaps, on this occasion. Chossat found that when insufficient food was given for a length of time, the animal gradually lost the power of digesting even the small amount allowed, a part being rejected by vomiting, or passing off by diarrhoea; the vital power being reduced too low to form an efficient gastric juice, or the materials being deficient, or both. This explains the loathing of food in prisons and poor-houses with an insufficient diet-scale, often punished as unnecessary fastidiousness—a very grim joke indeed. Nor should we lose sight of the cause of predisposition to disease, as well as reduced power of recuperation from it.

In addition to the temporary loss of digestive power, Chossat found that after a certain persistence in insufficient feeding, the stomach could never recover its power of di-



gesting, however carefully nursed with gradually increasing portions of food, death ensuing. But from another series of experiments it appeared that artificial warmth restored the dying animals even from a state of insensibility and want of muscular power, to comparative activity. Their temperature rose, they flew about the room, took food, and, if not again starved, most recovered. If left to themselves too early, however, digestion was not performed, and they died. The secretions were renewed, but the power of generating heat did not return until digestion had actually taken place, often many hours after the injection of food.

Although many hints for the dietetic treatment of fever, and especially convalescence therefrom, may be taken from these results, Dr. Smith had rather dragged them into the discussion, because of the painful illustration they are daily receiving in our midst; whether our soldiers be too long restricted to "short rations," be deprived of wholesome not to say necessary variety, or, *miserabile dictu!* be slowly starved to death as prisoners of war. From the preceding observations it is but too evident that while nothing but abundance and variety, together with ample artificial heat, can save numbers from certain death, that fate too surely awaits those who may too late receive the former, unless accompanied with the latter.

### ULCERATION OF THE STOMACH.

By GEORGE BAYLES, M.D.,

ACTING ASST. SURG. U.S.A., CHESAPEAKE GENERAL HOSPITAL, FORT MONROE, VA.

HOSEA CASE, *set.* 19, private, Co. E, 16th Conn. Regt., was attacked with the typho-malarial or "Peninsular fever," while with his command on the march to "White House Landing." Patient was sent to Fort Monroe, and entered Chesapeake Hospital, July 2d, 1863. Although extremely prostrated by the fatigue of the journey, made under such disadvantageous circumstances, he rapidly recovered, and on the 26th July was sent into convalescent quarters for duty, with the hospital guard. He remained thus on duty until Oct. 2d, when he reentered his former ward for treatment for diarrhoea. His malady yielded readily enough to treatment, although it kept recurring from time to time, at short intervals, which might possibly have been owing as much to indiscretions in diet—surreptitiously enjoyed—as to any peculiar irritability of the bowels. From about the 24th of Oct. to Nov. 17th, patient was comparatively well, at all events quite convalescent, and was looked upon as one nearly ready to resume his duties in the field.

On the evening of Nov. 17th, patient had a paroxysm of retching and vomiting, which was regarded as simply the sickness of indigestion, and treated accordingly. On the 18th patient had several attacks of vomiting, and a saline laxative and topical palliatives were employed. For days the emesis continued, lasting for about two minutes at intervals of an hour or two. The vomited matter was watery, and had the appearance of dirty dish water, though not a great deal was ejected at a time, perhaps not more than three ounces. On the 22d, as the vomiting had not ceased, or even abated, more vigorous efforts were made to control it. Opium in pill form was given, and occasionally creasote in mucilage was administered, which seemed to moderate somewhat the anti-peristaltic action. After a period of laborious and exhausting retching, I administered on the 23d the following preparation, with much apparent benefit:—

R. Chloroform.  $\mathfrak{z}$ ij.  
Tinct. Aconiti  $\mathfrak{z}$ iss.  
" Opii camph.  $\mathfrak{z}$ ss.  
Aque  $\mathfrak{z}$ ijj. M.

Dosis. Cochl. mod. omni horâ, si op. sit.  
for the intervals of rest became more frequent, and of longer duration. Warm fomentations were placed upon the epigastrium to relieve the muscular soreness arising from the protracted emesis, and which began now to be very sen-

sibly felt and much complained of. The patient was kept upon a strictly low diet, composed chiefly of thickened milk, gruel, and "essence of beef." Stimulation was allowed through the medium of milk punch, which he seemed to tolerate better than any other preparation of liquor.

On the 24th patient seemed much better, and the above described treatment was continued without deviation. At the evening visit to my ward, on the 25th, the nurse acquainted me with the fact that patient had had, about an hour previously, a violent attack of nose-bleed, but that by a little management, such as elevating the head and shoulders, pediluvia and cold to the spine, it had been easily checked. A little of the syrup of the iodide of iron was then, for a time, administered, but was so constantly rejected that it was discontinued, and the former remedies resumed. The epistaxis never recurred, however, but on the 26th I discovered in the vomited matter and sputa, traces of blood, having a bright fresh appearance, also some little clots having a duller color. This I was inclined to attribute to the supposed fact of some slight hæmorrhage from the nasal passages. The patient would cough occasionally and expectorate, and blood stains would collect upon the bedding, making a frequent change of clothing necessary, in order to preserve cleanliness.

On the 27th blood stains still showing themselves, and more abundantly, while the hæmorrhage from the nose had entirely subsided, I invited Dr. W— to examine the case with me, the stethoscope being used in view of ascertaining the precise condition of the lungs. These organs were, after a careful examination, thought to be sound and healthy. The pain which was now complained of was traced to its limits, in all directions, and was found to be embraced within the epigastric and left hypochondriac regions. These parts had now become exceedingly sensitive to pressure. On consultation it was decided to continue the opium pills, and the sulph. morph. in doses of one-eighth of a grain in sol., together with the "spoon diet," and the use of pellets of ice to be swallowed very frequently, allowing them to be dissolved in the stomach. It was also deemed advisable to exhibit two grains of tannic acid, with water, every hour.

We now felt that beyond a doubt we had an ulceration of the mucous lining of the stomach to deal with.

On the 28th, patient complained of weakness, and some pain in the abdomen. Bowels moved freely; and although the stool was of a dark and blackened color, as was also the villous coating of the tongue—owing principally to the tannin—yet no traces of blood were discovered in the fæces. Vomiting was less frequent this day than for four days previously, and occurred at the time of taking nourishment, which was as often as six times in the twenty-four hours. On the 29th patient was much the same, perhaps weaker. Stimulants for two days past had been avoided, as they seemed incompatible with the hæmorrhagic condition of the stomach; and although tried occasionally—*experimentally*—with the hope of reviving the flagging strength, were finally discontinued. Even the mildest stimulants, be they what they may, evidently increased the pain, hæmorrhage, and spasmodic action of the stomach, and thus indirectly excited the patient to an immoderate degree.

On the 30th the tongue began to look parched and dry; the pulse was soft, irregular, and rapid; and the breathing a little hurried. Patient complained of great weakness. The excitement and pain which vomiting caused was excessive; and although constantly inclined to vomit, he struggled manfully to repress the movement. Ice was given freely; the tannin increased by one-half a grain to the dose. Stimulating and nourishing enemata were administered, and the opium steadily continued.

During the night of the 30th patient vomited only twice, and on neither of these occasions were blood-streaks found in the ejecta. On the morning of Dec. 1st, patient was extremely prostrated. His language was almost inarticulate, and somewhat incoherent. No change in the appear-

ance of the tongue or beat of pulse. Between daylight and the hour of his death he vomited once, and a trace of blood was discovered. At 10 o'clock A.M. the pulse could hardly be felt; the eyes became fixed and glassy; the breathing irregular and laborious; and a mucous r le in the throat combined to announce approaching dissolution. Patient died at 11 o'clock A.M., Dec. 1st, 1863.

*Autopsy* was made four hours after death. The external appearances were not noteworthy. The stomach was dissected out, and opened along the line of the lesser curvature. This organ retained its normal position, form, and size before removal, and contained about five ounces of dark greenish grumous fluid, but nothing that resembled disintegrated aliment. The contents being turned out, and the inner surface washed, the whole pathological anatomy of the organ was revealed at a glance. From a point two inches distant from the pylorus, within and upon the posterior surface of the stomach, to a point an inch distant from the pylorus and entirely around the inner surface of the duodenum, irregular and confluent patches of the inflamed muscular tissue of the organ were observed almost entirely denuded of its mucous and cellular coatings. The eroded surface exhibited a bright pinkish hue, while beyond, upon the more healthy surfaces, the complexion was of a pale yellow, or ashy grey. Little threads of purulent matter and little points of coagulated blood were to be seen upon the ulcerated surface. The mucous membrane was very much thickened—the rugae not so well marked as they should be—and the blood-vessels were greatly distended. With the exception of the tissues so completely eroded, no specially interesting pathological appearances were observed; and looking, as we were, for a verification of our diagnosis, the examination was not extended.

I am persuaded that this lesion is of more frequent occurrence than is commonly supposed. The character of the ulcerations being the same as that found in camp diarrhoea, in the intestines, may not this lesion be a cause of the disease rather than a sequence? Post-mortem examinations always reveal this lesion in diarrhoea and camp dysentery, and the local lesion bears no constant relation to the severity of these symptoms.

#### CASE OF GUNSHOT WOUND OF ELBOW-JOINT.

By J. FARNSWORTH, M.D.,

OF LYONS, IOWA.

JOHN MYERS, a young man of 18, of good constitution, was wounded in the battle of Antietam, Sept. 17, 1862. In raising his left arm, to hold his musket to his shoulder, a bullet passed in at the superior portion of the olecranon process, passing through the elbow-joint, and making its exit at the lower condyle of the humerus. He says that it bled profusely, as he fell back to the rear. He met a surgeon who applied a compress to each opening, and put around it a tight bandage, and directed him to the hospital. The next afternoon the bandage was removed, and a lint and water-dressing applied. He was then placed in the cars with the other wounded and transferred to Harrisburg. At Harrisburg the arm became very painful, and a fever setting in, the surgeons agreed to postpone amputation, which they had already decided on. The fever subsided, and he overheard one surgeon say that the arm might be saved, and therefore he resisted any attempt at amputation. The arm was then kept in poultice, and not much attention given to it. After remaining in the hospital nearly two months he was given his discharge. He travelled to Chicago, where he had it dressed, and then came here (a hundred and thirty miles further), and called on me for a new dressing, Nov. 17th, just two months from the battle. The elbow-joint seemed a mass of corruption. I passed a gum catheter through the joint, in the track of the ball, and removed a large fragment of bone from the internal condyle. He told me that many fragments had been from time to time taken out. A large abscess had formed at the

upper end of the ulna, which had been opened. I placed the arm, as I found it, on a splint reaching from the hand to the elbow, washed the openings, and syringed them out with soap and water; bandaged the hand and forearm, and took him twelve miles into the country to his father. I directed him to dress it in the same manner, with the addition of putting a poultice on the joint, until he was tired of it, and then to come in and I would amputate it for him. In four weeks he came to town to be examined for a pension. The examining-surgeon gave him a certificate of total disability, and urged him to have the unsightly sore removed.

From that time I heard no more from him, until yesterday he walked into my office to show his arm. It was entirely well; the elbow-joint was of course completely ankylosed, and bent at a right angle, but he had a useful, strong hand, and a serviceable arm. He told me it had been well for three months, and, though a little tender, was strong enough to allow him to do any kind of labor. Being his left arm he was hardly incapacitated from military duty. He was on his way to a recruiting station, to *re-enlist*. He resented the idea of joining the invalid-corps, as he was anxious to pay for the old score.

When he first came here, two months after the battle, there seemed no chance of any benefit even from resection; nor was there a month after, when examined for a pension. It seems to me now that an operation might be performed for an artificial joint, but he is too anxious to have another brush with the rebels, and prefers to wait for such an operation until the war is over.

I think this a good case of conservative surgery, in which a useful limb has been saved, with very little assistance from art.

LYONS, IOWA, Nov. 18, 1868.

#### A LABOR, WITH PROLAPSE OF THE FUNIS AND TRANSVERSE PRESENTATION,

TREATED BY POSTURE AND MANIPULATION.

By JOSEPH MARTIN, M.D.,

OF NEW YORK.

On December 18, 1863, I was called in great haste to attend Mrs. M., in labor with her second child. While she was standing on the floor the membranes were ruptured during a pain, and the liquor amnii was suddenly discharged. On examination per vaginam I found a loop of the umbilical cord protruding from the os uteri, which was high up, and only sufficiently open to receive the point of the middle finger. By some effort the finger was carried through the thick and unyielding os, until the sharp edge of the right tibia of the f tus was distinctly felt. On making an external examination I ascertained that the head was resting upon the left iliac fossa, with the face turned downwards, the occiput being easily distinguished through the parietes of the abdomen.

As the umbilical pulse was natural, and the tendency to a breech presentation decided, I considered the chances of saving the child about the same that they would be in ordinary cases of the kind, and accordingly pressed the head up to the fundus of the uterus with one hand, and held the buttocks at the pelvic opening with the other, until the labor pains had fairly engaged the breech. But upon then examining per vaginam I found that the pulsations of the funis were frequent and very feeble during each pain, that the buttocks presented, and that the os uteri was thin, and dilated to the size of a dollar. The amount of the cord expelled from the uterus was very much increased, and that portion of it which depended from the umbilicus of the child passed down between the thighs; but the part connected with the placenta, which was attached to the fundus of the uterus, was on the outside of the right femur, near the hip, so that at each recurring pain it was pressed against the brim of the pelvis at the left acetabulum. The cause of the feebleness of the pulsations in the cord then



became evident. And it was equally evident that the child could not be born alive while in that position, if the labor was permitted to advance, and that no amount of dexterity in the employment of the usual artificial means could prevent the fatal effects of pressure upon the cord.

My first effort to effect a safe delivery was an endeavor to pass the outer portion of the cord over the right knee, when, I had reason to believe, there would be no dangerous pressure upon the cord until the head reached the superior strait. Failing in this expedient, I determined to try the effects of posture and external manipulation. Having placed the patient upon her knees, with her left side near the edge of the bed, and her face upon the pillow, I passed the left hand to the fundus of the uterus, in the absence of pain, and brought the head of the child back to the left iliac fossa, while, with the right fingers, the prolapsed funis was kneaded into the os uteri. As the head left the fundus the breech receded from the os, and the cord glided into the uterus. I found no difficulty in placing the head at the pelvic opening, with the occiput in relation with the left acetabulum.

Then, by encouraging my patient to remain in that position for some minutes, and by pressing the uterus and its contents upwards with the left hand under the fundus, particularly during labor pains, I directed the head of the child into the pelvis, until it became so much engaged as to prevent a return of the cord, when she was turned upon her back. And at twelve o'clock, three hours after I first saw her, the child was born, with a vertex presentation in the left occipito-anterior position, as if there had been no complication nor malposition.

The principal point of interest in this case is, that it illustrates the importance of gravitation in the treatment of labors with prolapse of the umbilical cord. By no other operation could the child have been saved. It may also be remarked, if experience in the management of a single case will justify the forming of an opinion, that the posture in which the patient was placed will facilitate external manipulation whenever it is desirable to change the position of the foetus, or to convert a presentation which may cause delay and danger into one that is more favorable to mother and child.

Here, too, I will suggest that labors occur with other malpositions of the child, in which the practice adopted in the case related above may prove equally successful. Of these, the most important, because the most fatal to mothers and infants, is the arm presentation. The only treatment of such labors, when the child is alive, recommended by writers on obstetrics, and adopted by the profession, is turning. This operation is very simple when the membranes are intact, because, as Tyler Smith says, "the foetus is moved as easily as a boat in water." "But," he adds, "when the patient has been in labor, the liquor amnii discharged for twenty-four or forty hours, the shoulder jammed into the pelvis, and held as in a vice, turning is one of the most, if not the most difficult operations in midwifery."

Dr. Lee relates 59 cases of this description of labor, and out of that number, records the deaths of eleven mothers, and 32 infants.

I will now endeavor to show the probable results of "Postural Treatment" in such a labor, with an antero-dorsal arm presentation, the head being at the left iliac fossa, as we find it illustrated in the wood-cuts of the text-books. After the patient has been placed upon her knees, with her face upon her pillow, and her left side brought to the edge of the bed, the operator would find but little difficulty, during the absence of pains, in moving with the left hand the head of the child towards the fundus of the uterus, while with the right hand he would gently press the protruded arm into the body of the uterus. And then, by the proper external manipulation, the head would be placed in the occipito-anterior position, with the vertex presenting, as was done in the above case.

I will venture further to suggest, as it is admitted by all

practitioners of midwifery, that one of every three infants is lost in pelvic, knee, and footling cases; that where circumstances do not demand immediate delivery, a great saving of life might result from this conversion into vertex presentations by external manipulation.

## Reports of Hospitals.

KINGS COUNTY HOSPITAL, NEW YORK.

SYPHILITIC

NECROSIS OF BODIES OF CERVICAL VERTEBRA.

FATAL RESULT.—AUTOPSY.

By CHAS. R. SANDERSON, M.D.,

ASST.-PHYSICIAN.

F. S., age twenty-eight, had a sloughing chancre on glans penis eighteen months ago, in consequence of which one third sloughed away. Entered Bellevue Hospital March, 1863, and left July following improved. Soon after leaving Bellevue felt a stiffness in his neck, which gradually grew worse. Admitted to Kings Co. Hospital August, and left September 10 improved. Took cold, and returned. Sept. 17.—Coughed up anterior arch of atlas two-thirds of an inch in length. Oct. 8.—And occasionally other small pieces of necrosed bone afterwards commenced, being paralysed in both arms, Oct. 1. Progress of case, Nov. 10.—Paralysis increasing, considerable swelling of the neck in the region of the cervical vertebra, great soreness of throat, and constant hawking; neck stiff; face turned somewhat towards the left chin; unnaturally prominent; severe pain in region of neck; pulse 60; is taking iod. of potassium and wine. In consultation with the resident physician, Dr. Turner, a blister to the back of his neck was ordered. Sol. of morph., and throat sponged with arg. nit. 3 ss., aquæ 3j. Nov. 15.—Pain in neck removed by blister and morph.; moves arms better; grows weaker; ordered tart. of iron and potassa with comp. tr. gentian; pulse 80. Nov. 20.—Has better use of his arms; still grows weaker, and more emaciated; dysphagia increasing; some rigidity of muscles of back; bowels constipated; pulse 90; ordered milk punch, and bowels opened by enema. Nov. 25.—Dysphagia increasing from swelling and soreness of throat; emaciation and debility increasing; passes urine with difficulty; has still better use of arms; pulse 94. Nov. 27.—During forenoon he perspired profusely, and died at half past eleven A.M., whilst conversing with another patient.

*Secio Cadaveris twenty-two hours after Death.*—Considerable emaciation; a greater prominence than natural posteriorly over third and fourth cervical vertebrae; incision made from occiput to third dorsal vertebra, and all of cervical vertebra removed; anterior arch of atlas wanting transverse processes; sup. art. surfaces and posterior arch healthy; odontoid process and body of axis necrosed; bodies of third and fourth cervical vertebrae sloughed away, and body of fifth somewhat necrosed; an ulcer the size of a quarter dollar communicating between diseased vertebra and pharynx; spinal cord to all appearances healthy.

*Remarks.*—This case is interesting, 1st. From the fact that with the above amount of disease he should walk to the closet daily until a few days before his death; 2d. That the upper extremities should be paralysed, and not the lower also; 3d. That he should improve in reference to his paralysis from Oct. 10 up to the time of death, whilst failing so rapidly in other respects.

THEY have a "Cripples' Union" in Brooklyn, N.Y., which consists only of persons who have lost a limb or its permanent use in the service of the United States. Its object is benevolence.

## Reports of Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Oct. 14, 1863.

DR. D. S. CONANT, PRESIDENT, IN THE CHAIR.

OVARIAN TUMOR, WITH TWISTING OF THE PEDICLE.

DR. FINNELL presented a mass of ovarian disease removed from a married woman twenty-two years of age. She dated her illness back three years, at which time (she was then unmarried) her menses became suppressed from sudden exposure to cold. For some days after she suffered from severe pain in the abdomen. Her menses did not appear for several months, when her abdomen began to enlarge to such an extent that many thought her pregnant. Four different physicians gave it as their opinion also that pregnancy existed. On the 4th of June, 1861, Dr. Næggerath satisfied himself by an examination that the enlargement of the abdomen was only due to the accumulation of fluid, and proposed the operation of paracentesis abdominis as a remedial measure. The operation was performed, and a large quantity of serum was drawn off. Her general health then very much improved, and the enlargement did not show any tendency to recur. About a year ago she married. Some time subsequent to her marriage Dr. Finnell saw her and found that an abdominal tumor existed, which he was of the opinion was ovarian in character. About two weeks since Dr. F. was requested to see her, with a view of relieving her of the accumulated fluid in her abdomen. A trocar was passed in at one side, and about three quarts of bloody fluid were evacuated. She experienced such great relief from this operation that a few days after she requested that it be repeated. Dr. Finnell accordingly introduced a trocar on the other side and drew off five quarts of fluid. She was also tapped a third time through the first opening, and in that instance the quantity drawn off was four quarts.

Notwithstanding the immediate relief experienced after such operation, she was gradually worn out, and died on the 13th instant.

The autopsy took place on the 14th. The pedicle was found to be very narrow, and attached to the right Fallopian tube. On the opposite side of the tumor from the pedicle there was attached to its surface a small slip of omentum; this process, together with the pedicle itself, was twisted several times in a given direction, leading to the inference that the tumor, while on the cavity of the abdomen, had revolved upon itself. There were numerous adhesions throughout the whole anterior and superior surfaces of the mass, but this was evidently a very recent affair. On section the tumor presented a dark, bloody, honey-combed gelatinous appearance, which was more like cancerous than ovarian disease.

DR. PEASLEE thought that inasmuch as five quarts were drawn off from the first tapping, the fluid came from the abdomen; and Dr. CONANT thought that the turning of the tumor, in the manner described, could be best accounted for on such a supposition.

DR. CLARK remarked that the twisting of the broad ligament by one circuit was not an uncommon occurrence in these tumors, and that the half-turning was very common. These phenomena he explained by intestinal adhesions.

DR. MARKOE stated that there were cases on record where the pedicle of the tumor was twisted sufficiently to cause the tumor itself to become gangrenous; and he recollected having seen such a case in the practice of Dr. Cockroft. In that case peritonitis was induced by the said mortification of the diseased mass.

REMOVAL OF OVARIAN TUMOR, COMPLICATED WITH EPIPOCELE, ADHESION, HÆMORRHAGE, ETC.; OPERATION LASTING FIVE HOURS; THE CAVITY OF THE PERITONEUM WASHED OUT FOR A PERIOD OF SIX WEEKS; PERFECT RECOVERY.

DR. PEASLEE also presented an ovarian tumor, which he

had removed by ovariectomy six weeks before from a woman 39 years of age. The specimen was only interesting in connexion with the difficulties which had attended the operation. The operation lasted for a period of full five hours, but the greater part of the time was spent in exploration. Dr. Peaslee undertook the operation with very little expectation of completing it, at the solicitation of the patient, she having understood the unfavorable prospect of the case. He assured the patient that the probability would be that he could merely succeed in evacuating the contents of the sac. After, however, meeting with all possible complications he determined to remove the mass. The sac weighed thirty-six pounds, and was adherent everywhere on its anterior surface to the omentum. The patient had suffered from an epiplocele for the last six or eight years. The omentum was adherent to the umbilicus. As the tumor was developed the omentum had to slip up behind the tumor, consequently that portion of the organ engaged in the hernia became elongated and very vascular. It was half an inch in thickness, and looked very much like a muscle. The original incision into the abdominal wall had to be subsequently enlarged, so as to make it at least eighteen inches in extent. In the thickened portion of the omentum fifteen vessels were tied. In this way a great deal of time was necessarily taken up. The hæmorrhage, however, still continued from various points in the omentum, and Dr. Peaslee was forced to spread that organ on a warm wet towel, and consume an hour and a half longer in the endeavor to secure the remaining open vessels. After tying all the vessels that could be reached he lastly applied cold, with the desired result. She was kept under the influence of ether during the whole time of the operation, and after its completion required but fifteen minutes to be restored to consciousness. She suffered from no collapse or unpleasant symptoms for about six days, when symptoms of the absorption of decomposed blood began to manifest themselves. The wound was then opened in part, and two quarts of warm water injected into the cavity. This operation was repeated three times the next day, and as often for three weeks following. If the interval between the injections was during that whole time greater than two hours, severe constitutional symptoms would be developed, and a bright band would show itself in the centre of the tongue. No blood appeared in the washing after the first injection. At the time of reporting the case, six weeks after the injection, the patient was doing well, the injection being performed but once a day. At first the washings were very fetid, but this condition was corrected by the subsequent introduction of a solution of chloride of soda, in the proportion of a drachm to two ounces of water, and allowing it to remain in the abdominal cavity.

DR. PEASLEE remarked that the case was the most unpromising one with which he ever had to do, but its progress since the operation had been most gratifying. In the case which he reported a year ago to the Society, where he was compelled to wash out the peritoneum, he had performed the injection over one hundred times for fifty-eight consecutive days. That patient, when last seen, had increased in weight from 100 to 140 lbs., and was in the enjoyment of perfect health. He stated, in conclusion, that he had never left the pedicle outside of the wound, but was in the habit of tying it with a double ligature, and returning it within the abdominal walls. On removing the tumor Dr. P. found the disease commencing in the other ovary, and removed that also.

#### OVARIOTOMY: REMARKABLE RECOVERY.

DR. CONANT related the following case of ovariectomy.—The patient first noticed an intumescence of the abdomen in September, 1861, since which time, according to her account, she had been a great sufferer. The tumor gradually increased until the 28th April, 1862, when she was tapped, 20 lbs. of fluid being drawn off; three weeks subsequently twenty-five more were taken. Dr. C. first saw

her while in Burlington, Vt. She was then enormously swollen; fluctuation in the abdomen was very distinct, and there existed a large umbilical hernia 4 inches in diameter, which was raised 2 inches from the free surface of the surrounding parts. There was also a very marked swelling and distinct fluctuation in the situation of the right labia majora. She returned to her home in Westport subsequent to this, and had 20 lbs. of fluid drawn off. Dr. Conant thought that the case was a favorable one for an operation, and with her consent proposed to perform it. The operation was performed June 11, at Westport. An incision was made from the umbilicus to the pubes; about three pints of fluid were evacuated from the peritoneal cavity. A trocar was then plunged into the tumor, and about a pint of fluid in all was drawn from the different sacs. There were points of attachment for the tumor all over its upper portion, and they were not very extensive. It was found that a fold of peritoneum had been pushed down into the labium through the abdominal ring, forming a pouch for a quantity of fluid. The peritoneum was exceedingly vascular, and presented a varicose appearance. In order to discover the points of attachment of the tumor superiorly, it was necessary to enlarge the incision to 16 or 17 inches in length. These attachments proved to be large portions of the omentum which ran into the tumor; eight or ten ligatures were passed around these, and their connexions severed. In the course of the examination the liver, stomach, spleen, and intestines were all seen. After cleaning out the cavity of the peritoneum the pedicle was secured by three silk ligatures, and left hanging out of the wound, which in its turn was closed by sixteen silver sutures. The operation was about two hours in duration. The patient made a rapid recovery. In five weeks from the time of the operation when Dr. Conant called to see her again, she had taken her team, and had ridden five miles among the mountains to pick blackberries; the ligatures not having yet come away. The tumor weighed about forty pounds.

Dr. Conant expected trouble with the peritoneum on account of its varicose condition, but Dr. Peaslee thought that the immunity from inflammation was due to the thorough cleansings which the parts had received previous to the sewing up of the wound.

(To be Continued.)

## American Medical Times.

SATURDAY, JANUARY 23, 1864.

### LITERATURE IN MEDICINE.

"It is a noticeable fact that the greatest physicians have always been the best writers among physicians."—ZIMMERMANN.

THERE is an anecdote current that a New York physician, recently travelling abroad, met a distinguished Parisian surgeon, to whom he spoke in somewhat laudatory terms of his preceptor, a well known American surgeon. "What has he done?" was the prompt inquiry of the foreigner, adding, "I don't remember to have read any of his writings." "It is true, he has never written anything," replied the puzzled American, "but then he has a very large business." "And is that the standard by which you estimate professional excellence?" retorted the surgeon, with look and gesture expressive of contempt.

There is in this incident a world of meaning. It sets forth vividly a national trait in our profession, which disgraces us individually and as a body. We are proud of being called practical, having no time to write, on account of the severe pressure of our business engagements. The

young man, who, after being located half-a-dozen years in practice, still goes on foot, is set down as a failure. There is no hope of his ever rising to a level with the aristocracy of his profession. It matters little what may be his scientific attainments or his moral worth; he is an object of pity, if not of contempt. Men in high and influential positions frequently boast of their incomes, and exhibit their list of daily calls, or their bank-books, as an evidence of success. Half of the gossip in professional circles relates to the income of individuals.

These false ideas of professional success have taken deep root among us, and are bearing bitter fruits. The recent graduate is driven to seek business as the first great desideratum. He abandons the pursuit of special studies, for which he may have a predilection, because they will not immediately "pay." He cannot afford to labor patiently in the pursuit of knowledge, and let business come as its sweet reward. Like Ortugal, he demands that "the golden stream be quick and violent." If patients do not immediately seek him, he goes out into the highways and byways and compels them to come in. At all hazards he must have the appearance of business. Urged on by this infatuation, he assumes all the externals of success. His mode of living, and his equipage, are often far beyond his income, but he lives in the hope that these glittering baubles will advance his business, and in the end reimburse his outlay. He may attain the summit of his ambition, and acquire the largest practice in the community; but it is not improbable that he will sadly fail. But, whether he succeeds or not, he is lost to the science of his profession. He may seek positions in hospitals, schools, and societies, as collateral aids to success, but in every position he is a nonentity. His name may be trumpeted throughout the world, but no man of education will even recognise it. He dies, and leaves behind him no memorial but the perishable marble. A short generation passes from the stage, and his memory is swept for ever from the earth.

It is time the profession of this country set up a higher standard of merit than that now so generally adopted. We should pay homage only to genuine worth. The palm of excellence should be given to him who has the profoundest practical knowledge of the science and art of medicine, and who makes that knowledge available to others.

As a profession we should not only cultivate science, but we should also cultivate literary taste. History and observation prove the truth of ZIMMERMANN'S remark—that the greatest medical writers of any age were the best physicians. We have no right to ridicule the man who frequently communicates his views to the profession. While it is true that too many write who have nothing worthy of publication, it is sadly true that many who fill high places withhold altogether their experience from their brethren. There are in this and other communities too many of this latter class. They are intellectually and morally worthy of the confidence of the profession, and capable of being the leaders in the department of practice to which they are especially devoted. By virtue of true merits they have obtained responsible positions in our hospitals, schools, and associations, and are qualified by long experience and sound judgment to instruct. It is to them that the profession look for sound instruction in practical medicine, surgery, and obstetrics, and for a just estimate of the value of the more recent improvements. But they are sealed books that give no information. They are



quick to turn every advantage which official position may have given them to their personal and pecuniary account, but they make no return to those who have raised them to power. They will have their reward in that utter oblivion which is hereafter to cover their names.

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE first Tuesday in February, the 2d prox., is rapidly approaching, which is the period fixed by statute for the annual meeting of this time-honored institution. For several years past the meetings have been well attended, and the papers that have been presented have elicited a cordial interest. With the development of the literary and scientific institutions of our State the Society has kept pace. It has grown with the growth of our institutions of philanthropy and charity, with whose interests it is nearly allied. It has grown from a handful of medical men to a number larger than our State Legislature. Its reputation is no longer confined to the State capital, but is known and honored throughout the land, and on the other side of the ocean. It has become an index to the strength, learning, ability, and high standing of the medical profession of the State. To be a permanent member of it is reckoned a high honor. The distinguished position which the Society has gained can only be sustained by an earnest co-operation of all its members. It is incumbent on them to attend the meetings, and to come with papers suitably prepared to add to the character of the meetings. No member should excuse himself from a contribution on the ground that there will be a sufficient number without his. Every committee should be prepared with a report. No Delegate should allow trifles to prevent his being present. There is more necessity for exertion at a time when so many hundreds of the profession are absent—honorably absent in the service of our country. Let those attend who are not delegates, for they will be invited to participate in the deliberations of the Society. The reception of delegates by courtesy from sister State societies is becoming a pleasing feature in the meetings. Last year New Jersey and Connecticut were represented. There will be a much larger representation at the next meeting, and the influence that representatives bear away must be to increase our good name, and to give vital stimulus to their institutions. With the patronage of the State which we enjoy, we have no reasonable excuse if we fail of more distinguished attainments. Several papers of interest have been promised, among which is a surgical memoir by Surgeon JOHN A. LIDELL, now in charge of the Stanton Hospital, Washington, D.C.; one from Prof. J. V. P. QUACKENBUSH, of Albany, on some subject connected with his specialty in the department of obstetrics; while Dr. WILBUR, the Superintendent of the Asylum for the Instruction of Idiots, or his teacher, Dr. ED. SEQUIN, who was the first to systematize the instruction of idiots in France, and who has for two years past been practising medicine in this State, will read a paper on the Management and Instruction of Idiotic Children. Dr. CHARLES FAYETTE TAYLOR has a paper with the homely but practical title, "Causes of Back Ache among American Women." It is proper to remark that authors should carefully inspect their own papers, and see that they are written in a clear, open hand, with proper and technical names in every case distinct; the copy should be on one side of the sheet only.

#### SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE Secretary of this Society believes that we have done injustice to a useful charity by expressing the opinion that the annual allowance to these beneficiaries is not sufficient. This statement is founded on the present necessities of the beneficiaries, and the ability of the Society. The depreciation of the currency and the high rates of living require a much larger advance, and the income of the Society now warrants a more liberal allowance. The Society has an investment of nearly \$50,000, yielding a permanent income of upwards of \$3,000 annually. Its policy is to give as little as possible from the income, and add to the principal. Aside from the illiberality of such a course, it impairs the prosperity of the Society. We do not merely express our own opinion in this matter, but it is shared by many contributors, and by several of the Directors, to whose opinion the Secretary attaches so much importance. If, however, we are to be governed by the opinions of those who have had experience in the management of similar organizations, let us refer to the two London Societies. The Society for the Relief of Widows and Orphans of Medical Men (London) expends about two-thirds of its annual income. The Medical Benevolent Fund expends nearly if not quite its entire income. The Secretary writes as follows:

"My attention has just been called to an article in your Journal of the 2d inst., referring to the New York Society for the Relief of Widows and Orphans of Medical Men. This article being calculated to injure a most valuable charity, requires correction, both as to its facts and opinions. 1. The Society received no bequest from the late Dr. Cammann. It did receive \$10,000 (less the legacy duty) from Dr. Harsen's estate. 2. Whether or no the allowance granted to beneficiaries is a 'meagre pittance' or not, is of course a matter of opinion, as is also the remark made in such an authoritative, *ex cathedra* style, in the next sentence, viz. that 'the Society ought to give more liberally to those entitled to its funds.' That the opinion of the writer of the paragraph is not that of the Board of Managers, is evinced by a nearly unanimous vote at a recent meeting. This Board, composed of some of the most judicious men in the profession (as the Editor of the TIMES must be aware), acting in the light of the experience of similar organizations, decided adversely to a proposition to increase the allowance beyond the present advanced rate, which, it may be stated, is fifty per cent. more in the case of widows, and one hundred per cent. more in the case of children than in former years. No doubt the amount will be further increased as soon as circumstances will warrant it. It should always be remembered that the Society does not undertake to *support*, but only, as its name implies, to *relieve* those who call upon it for aid."

#### TREATMENT OF GUNSHOT WOUNDS OF THE CHEST.

THE great interest attached to the treatment of gunshot wounds of the chest has induced us to lay before our army surgeons at the earliest moment the very candid criticism of Dr. HOWARD's method by Prof. LONGMORE, of the British Army Medical School, published in the London *Lancet*. The method of Dr. HOWARD has not as yet been very frequently practised, but in the instances related by Dr. H. it proved very successful. The limitation of the practice to the class of cases selected by Prof. H. would render it nearly inoperative in the present war. Wounds of the chest, as we meet with them, are for the most part of the kind to which he takes exception in its application. But its value can only be determined by practice.

## Reviews.

OUTLINES OF THE CHIEF CAMP DISEASES OF THE UNITED STATES ARMIES, AS OBSERVED DURING THE PRESENT WAR. A Practical Contribution to Military Medicine. By JOSEPH JANVIER WOODWARD, M.D., Assistant-Surgeon U.S.A.; Member of the Academy of Natural Sciences of Philadelphia; of the Pathological Society of Philadelphia, etc., etc. 8vo., pp. 361. Philadelphia: J. B. Lippincott & Co. 1863.

(Concluded from page 35.)

THOUGH our notice of these chapters is imperfect and hasty, we cannot forbear an allusion to the satisfactory and decidedly advanced views which the author's excellent skill in microscopy has enabled him to present, in reference to the histological phenomena of the special enteric lesions that are found in fatal cases of typho-malarial fever, and in chronic diarrhoea. Avoiding technicalities and details, we understand DR. WOODWARD to state, the anatomical lesion of "Peyer's patches," in patients dying of typho-malarial fever, to be essentially identical with the changes that occur in pure typhoid fever, but differing from the typhoid ulcer in this, that in typho-malarial diseases the tumefaction of the agminated patch has not been observed to rise so abruptly from a constricted base as sometimes seen in the typhoid mass. But our author regards the essential pathological elements and changes as being identical in the camp and the civic forms of the typhoid malady. Under his microscopes the *typhoid material* and ulcer are defined as follows: 1. An abnormal multiplication and massing of the connective tissue cells [connective tissue corpuscles of Virchow], commencing in and surrounding the agminated follicles, and thereby constituting the *plaque* or *typhoid mass*. This hasty cell multiplication is most prolific and rapidly abortive at and near the central point of inflammation, the cells being multinuclear, multifissile, and quickly degenerated at that point, and as the inflamed line of cells recedes from that point, or from the ulcerated surface, the process of cell development appears more and more normal. But the inflammatory process tends to dip deeply into the intra-muscular connective tissue, and as the process of inflammation goes on from the diseased patch, perforation of the intestine may occur.

In the fatal diarrhoea of the camp DR. WOODWARD finds an analogous histological process of morbid and degenerative cell-multiplication preceding and attending upon the ulcerations that take their *point d'appui* from the "follicles of Lieberkuhn;" the connective tissue cells becoming rapidly multi-nucleated, go on "multiplying by division" until the intercellular spaces are encroached upon, and until follicles and normal tissues are all overwhelmed and broken down by a wasted and extravagant cell-life, or hyperplasia of normal tissues, that ends in ulceration.

Thus, it will be observed by the reader, the microscopy of DR. WOODWARD in a new field and for the most practical of purposes, adds fresh confirmation to the new doctrine promulgated by Virchow, but which doctrine, as respects the histology of *typhoid material*, that pioneer of science very hesitatingly opposed to the accepted teachings of Rokitsanski.\* The practical importance of this advanced step in the pathological knowledge of typhoid material and the ulceration of Peyer's patches, will be seen when such knowledge is made distinctly tributary to a wisely directed and rational therapeia that shall rescue a larger percentage of lives from the typhoid malady. Although this view of the nature of intestinal ulceration is not yet widely known, we believe DR. WOODWARD's microscopical definitions of the actual changes the clearest that have been made; and they are entirely harmonious

with the observations of Bennett\* and of Simon, the latter of whom says that the earlier forms of increased textural germination give rise to cell growths that rapidly undergo *degeneration*, and that later successions of the same germinal act furnish *pus-cells*, and that these abnormal processes are but "one common result of tumultuous textural overgrowths."†

DR. WOODWARD's description of the morbid anatomy of the intestinal canal in camp diseases may, therefore, be regarded as strongly confirming Virchow's views of *hyperplasia*, while his observations, and the practical conclusions to be derived from them, are more definite than anything that has preceded them.

In the treatment of camp dysentery and diarrhoea the author has not given prominence to the popular and very effective preliminary employment of the alkaline cathartic that the veteran DR. TRIPLER so strongly recommends in his little treatise on army practice, and which has most deservedly won the repute it enjoys among military officers, and scarcely less in civil practice. In the management of pneumonia, also, our author manifestly hesitates to adopt the simple *rational* treatment which is rapidly finding able advocates, but which certainly must seem to be perilous practice until each medical observer witnesses for himself the results of such a non-medicating method. In the case of intestinal inflammation or ulceration, it is claimed that the intestinal canal, after having been effectually cleared, and all morbid secretions swept away by the magnesian cathartic, may most safely be left to the healing influence of absolute repose; and, in the latter case, that of pneumonia, it is with much reason believed, that when uncomplicated, the inflamed organ has best chances of speedy and certain recovery when all the conditions of greatest possible quietude, and the absence of all special sources of local irritation, are insured to the patient, and, as in the management of acute intestinal inflammation, permitting no unnecessary perturbation of the diseased part, or of the normal functions of the system.

We are glad to see DR. WOODWARD's strong expressions of disapprobation of the over-active and perturbing treatment of all these maladies, and wish he had gone further and dissuaded from the use of various therapeutical agents which he allows. But in writing not for eclat, but for the purpose of specific and much needed instruction in matters of detail, such questions in therapeutics are inevitably discussed by an author, and DR. WOODWARD is fortunate in not having plunged more deeply into the esoteric method of discussing such questions of daily practice.

We cannot lay aside this book without an allusion to the valuable chapter on *Measles in Camp*. Every medical officer should read it, not for any light needed upon questions of medical treatment, but for stronger convictions respecting the moral and professional obligations of the army surgeon to do all in his power to prevent or arrest the prevalence of measles in the camps. And if any physician is disposed to fold his hands in view of the unproved and very improbable fact, that an innocent *penicillium* fungus in straw beds has been reported as the originating cause of this pest of camps, our author's crucial experiments with the *straw-fungi*, his nice microscopy, and his keen logic, will dispel such illusions. The fact is, that experience and science plainly teach that measles and the other exanthemata should be regarded as preventable maladies, which, even under the influence of epidemic influence, ought never to become prevalent where there is proper sanitary administration and police authority.

Our author states that notwithstanding the great deficiencies in regimental medical reports during the first year of the war, he finds 21,676 cases and 551 deaths from measles were reported during that year; and he very truly remarks that, "the number of deaths represented by these figures far under-estimates the mortality proceeding from

\* See Virchow's "Cellular Pathology," p. 440, Am. Edition; and Rokitsanski's "Pathological Anatomy," Art. *Typhoid Process*, etc.

\* Bennett's "Clinical Medicine," Am. ed., p. 874.

† See "Essay on Inflammation," by J. Simon, in Holmes's "System of Surgery," p. 51.

this cause. In fact, the disease was rather fatal in its sequelae than in itself."

He makes the following statement concerning the prevalence of measles in the armies:

"Epidemic measles generally made its appearance at an early period in the history of each regiment, frequently in its first encampment, and swept through the ranks, attacking all who had not previously had the disease, and occasionally even these did not escape. Frequently from one-third to one-half of the effective strength was attacked, and the disorder continued its ravages until all who were susceptible had suffered. \* \* \*

"Frequently fatal in itself, this epidemic was, however, especially to be dreaded on account of the disorders which followed in its train. Severe bronchitis, often of considerable duration; typhoid pneumonia, which frequently proved fatal; and a general exhaustion and prostration, in which ordinary incidental diseases assumed severe and adynamic characters, were among the most formidable sequelae.

"No part of the army escaped. The new levies on the Pacific slope suffered as well as the great armies of the central basin and the Atlantic coast. The disease, however, was most formidable, and produced the greatest mortality in the valley of the Mississippi and its tributaries.

"In this region, and especially in Missouri, and in the army of the Ohio, measles very frequently assumed a typhoid character, and petechial spots made their appearance, constituting what was generally designated as black measles, a condition which was comparatively rare on the Atlantic coast."

The chapter on pseudo-rheumatic affections is deserving the special attention of military surgeons. During the first year of the war there were some 44,000 cases of rheumatism reported; and inasmuch as pseudo-rheumatism is one of the indices of the scorbutic taint, it demands something more than the trivial notice of an entry upon the sick-register, by a misnomer, and the neglect to which the sufferer too often is doomed. As in a large proportion of the more than 200,000 cases of diarrhoeal affections in the camps every year, so in the cases of pseudo-rheumatism, the scorbutic taint is the most important and most obstinate pathological element.

DR. WOODWARD closes his treatise with an explanatory appendix, designed to interest and aid the young medical officer in the statistical records prescribed by the regulations of the Medical Department. In every chapter, and upon every page, we discover the same commendable and unambitious design of *utility* and helpfulness, and for this the medical profession and the friends of humanity will justly feel gratefully indebted to the talented author, who, like the distinguished Chief of the Medical Bureau, SURGEON-GENERAL HAMMOND, has not hesitated, during the incessant pressure of official duty in bureau service, to devote hours which would otherwise have been passed in rest, to the noble and much needed work of preparing special treatises upon the most important subjects that relate to life-saving in our armies. Like DR. HAMMOND's excellent volume upon *Army Hygiene*, this treatise of SURGEON WOODWARD should be found in the hands of every medical man in civil as well as military life.

## Army Medical Intelligence.

### ORDERS, CHANGES, &c.

The resignation of William H. H. Mussey, Medical Inspector U.S.A., has been accepted by the President, to date January 1, 1864.

So much of Special Orders No. 575, paragraph 22, series of 1863, from the War Department, as discharged Surgeon B. J. Bettelheim, 106th Illinois Vols., is revoked, and Surgeon Bettelheim is discharged the service of the United States by resignation, as of the date of the aforesaid discharge.

Surgeon Michael D. Benedict, 75th New York Vols. (published officially December 14, 1863), having failed to appear before the Military Commission, instituted by Special Orders No. 58, series of 1863, from the War Department, within the prescribed time, is by direction of the President dismissed the service of the United States, to date December 14, 1863.

Surgeon William H. Palmer, 9th Michigan Vols., has been dismissed the service of the United States by direction of the President, for conduct prejudicial to good order and military discipline.

Hospital Steward Peter Gabrielson is honorably discharged the service of the United States, to enable him to accept the appointment of Assistant-Surgeon in the 1st Minnesota Vols.

Assistant-Surgeon C. S. De Graw, U.S.A., is relieved from duty in the Campbell General Hospital, Washington, D. C., and will report in person without delay to the commanding General, Department of the Tennessee, for assignment to duty with the 1st Battalion, 18th U.S.I.

The U.S. General Hospital at Bedloe's Island, New York harbor, will be discontinued, the medical and hospital property turned over to the Medical Purveyor, New York, and the pavilion wards converted into barracks for convalescents, and men returned to duty, from General Hospitals in and near New York. The commanding officer at Fort Wood will receive, take charge of, and expedite the transportation to their regiments of all men sent to the Convalescent Barracks on Bedloe's Island, by the Medical Director of the Department of the East. Medicines and Medical attendance will be furnished by the Post-Surgeon.

Hospital Steward Daniel W. Jacobs, U.S.A., will report in person without delay to Surgeon R. H. Alexander, U.S.A., Medical Director at New Orleans, La.

The following assignment of medical officers is hereby made:—

Assistant-Surgeon William Carroll, U.S.V., now on duty at Cumberland Hospital, Nashville, Tenn., to report to the commanding General, Army of the Potomac, to relieve Assistant-Surgeon Horatio B. Buck, U.S.V. Assistant-Surgeon Buck, on being relieved, to report to the Medical Director, at Cincinnati, Ohio, for duty.

Assistant-Surgeon W. W. Wythes, U.S.V., now on duty at General Hospital, Nashville, Tenn., to report to the General commanding Department of the Ohio, to relieve Assistant-Surgeon Edwin Freeman, U.S.V. Assistant-Surgeon Freeman, on being relieved, to report to the Medical Director at Cincinnati, Ohio, for duty.

Assistant-Surgeon Charles F. Haynes, U.S.V., now on duty at Cumberland Hospital, Nashville, Tenn., to report to the General commanding the Army of the Potomac, to relieve Assistant-Surgeon Franklin Grube, U.S.V. Assistant-Surgeon Grube, on being relieved, to report to the Medical Director at Cincinnati, Ohio, for duty.

The resignation of Surgeon D. W. Hartshorn, U.S.V., has been accepted by the President, to take effect January 8, 1864.

Surgeon Matthew McEwen, 2d West Virginia Cavalry, dismissed by Special Orders No. 457, from this Office, is hereby restored to his command, with pay from the date on which he joins his regiment for duty, provided the vacancy has not been filled, evidence of which must be obtained from the Governor of West Virginia.

## Medical News.

N. Y. PATHOLOGICAL SOCIETY.—At the last meeting of this Society, held Jan. 13, the annual election was held, resulting in the choice of the following officers for the ensuing year:—Dr. A. Jacobi, President; Drs. H. B. Sands and J. Lewis Smith, Vice-Presidents; Dr. Geo. F. Shrady, Secretary; Dr. W. B. Bibbins, Treasurer. Delegates to the American Medical Association:—Drs. Sayre, Noyes, Shrady, Elliot, Bibbins, Hamilton, Conant, Sairs, Krackowizer, and Voss.

MORTALITY OF PROVIDENCE, R. I.—DR. SNOW, City Registrar, reports that the number of deaths in Providence in 1863 was 1,215, an increase of nearly 33 per cent. over the number in 1862. The deaths in 1863 were more than in any year since 1854; but in proportion to the population the mortality was not large. We estimate the population of the city at the present time to be at least 55,000, which would give one death in 45.27 for the year 1863. In the whole list of causes of death only 8 show a decrease from the year 1862. From the class called zymotic diseases there were 358 deaths in 1863, or 29.4 per cent of the whole number from known causes. In 1862 there were 196 deaths, or 20.3 per cent.

ST. LOUIS MEDICAL JOURNAL FOR 1864.—We are glad to learn that this excellent journal is to be revived under the editorial supervision of Professors Linton and White. They state:—"The publication of the ST. LOUIS MEDICAL JOURNAL was suspended three years ago. To continue it during the throes of a gigantic revolution seemed a hopeless task. Its subscribers were scattered and dispersed with the rest of the population—some rushing to the fields of danger and battle, others to places of real or fancied safety, all absorbed by other thoughts than those inspired by the sciences and arts of peace. Danger, disgrace, and death—glory, renown, and success—these exciting themes occupied the thoughts of men. The great question of the day was not through what avenues, and by what means, intellectual pleasure, scientific advancement, and material amelioration should be sought, but 'to be or not to be,' this was the question.

"The ensuing volume will be issued in numbers each alternate month, commencing January, 1864, and will contain ninety-six pages."



# METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 11th day of January, 1864, to the 18th day of January, 1864.

**Deaths.**—Men, 142; women, 136; boys, 154; girls, 145; total, 577. Adults, 278; children, 299; males, 296; females, 281; colored, 15. Infants under two years of age, 169. Children born of native parents, 48; foreign, 238.

Among the causes of death we notice:—Albuminuria, 9; apoplexy, 9; infantile convulsions, 56; croup, 28; diphtheria, 25; scarlet fever, 89; typhus and typhoid fevers, 41; consumption, 76; small-pox, 6; measles, 3; dropsy in head, 12; infantile marasmus, 22; inflammation of brain, 15; of bowels, 11; of lungs, 50; bronchitis, 14; diarrhoea and dysentery, 11. 319 deaths occurred from acute diseases, and 54 from violent causes. 381 were native, and 196 foreign; of whom 130 came from Ireland; 57 died in the City Charities; of whom 15 were in Bellevue Hospital, and 26 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Jan. 1864.	SIX A.M.					TWO P.M.					TEN P.M.				
	Minimum Temperature.	Maximum Temperature.	Evaporation.	Barometer.	Wind.	Minimum Temperature.	Maximum Temperature.	Evap. Below.	Barometer.	Wind.	Minimum Temperature.	Maximum Temperature.	Evap. Below.	Barometer.	Wind.
10th.	3	52	29.90	S.W.	23	4	29.91	S.W.	16	29.90	S.W.	16	29.90	S.W.	16
11th.	4	62	29.91	"	23	3½	29.81	"	20	29.80	"	20	29.80	"	20
12th.	9	102	29.80	"	23	4	29.80	"	22	29.81	"	22	29.81	"	22
13th.	22	23	1½	29.81	N.	36	3	29.74	"	27	2	70	"	27	2
14th.	27	28	1½	29.91	Fog.	40	4	29.90	"	32	1½	29.90	"	32	1½
15th.	29	31	½	29.74	"	35	2	29.70	N.E.	31	2	81	"	31	2
16th.	21	26	2	30.00	N.W.	31	4	30.04	S.W.	22	24	30.11	W.	22	24

**REMARKS.**—10th and 11th, Clear; wind fresh. 12th, Clear. 13th, Cloudy. 14th, Fog early; day mostly clear. 15th, Fog, with sleet, A.M.; P.M. mostly cloudy. 16th, Clear.

## SPECIAL NOTICE.

A Meeting of the Committee of Arrangements of the American Medical Association, including Delegates invited to coöperate with them, will take place at the house of the Chairman, Dr. JAMES ANDERSON, 30 University Place, on Monday Evening, Jan. 25th, at eight P.M. Sub-Committees are requested to report.

## Medical Society of the State of New York.

Pursuant to Statute the Fifty-Seventh Annual Meeting of the Medical Society of the State of New York will be held in Albany, on the first Tuesday in February (2d prox.), 1864.

The Society will be in session Tuesday, Wednesday, and Thursday, the 2d, 3d, and 4th prox.

Punctual attendance is requested.

SYLVESTER D. WILLARD,  
Secretary.

**Dr. E. Ringer, having devoted himself to the investigation and application of Electricity as a remedial agent for the last thirteen years, and being duly qualified as well by his scientific attainments as by his great experience to apply it in the most effectual manner, brings this fact to the notice of the profession. Patients sent to him for this mode of treatment, will otherwise remain under the charge of their attending physicians. His business is free from all charlatanism and quackery.**

141 FOURTH AVENUE.

## JUST RECEIVED, A FRESH STOCK OF "BERNARD & HUETTE'S OPERATIVE SURGERY."

**COLORÉD PLATES.**

PRICE \$20.

BAILLIERE BROTHERS, 440 Broadway.

## Now Ready. Price 50 Cents. ADVICE TO A MOTHER ON THE MANAGEMENT OF HER OFFSPRING

IN  
INFANCY, CHILDHOOD, AND YOUTH.

By P. HENRY CHAVASSE, M.D.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Fifth Edition.

Now ready in convenient Pocket Form, 12mo., 280 Pages and 237 Woodcut Illustrations. Price \$1.75.

## HAND-BOOK OF SURGICAL OPERATIONS.

By STEPHEN SMITH, M.D.,

Surgeon to Bellevue Hosp.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## ELEMENTARY TREATISE ON PHYSICS,

EXPERIMENTAL AND APPLIED:

FOR THE USE OF COLLEGES AND SCHOOLS.

By PROFESSOR GANOT. Translated and Edited from the Ninth Edition, with the Author's sanction, by E. ATKINSON, Ph. D., F.C.S., Lecturer on Chemistry and Physics, Royal Military College, Sandhurst, England. 12mo. 780 pages and 585 woodcuts.

London, 1863. ½ calf. \$6.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Just published, 12mo., 260 pages. Price \$1.25. Free by mail on receipt of the Price.

## ON MILITARY AND CAMP HOSPITALS,

AND THE

HEALTH OF TROOPS IN THE FIELD.

By L. BAUDENS,

MEDICAL DIRECTOR OF THE FRENCH ARMY, ETC., ETC.

Translated and Annotated by FRANKLIN B. HOUGH, M.D., late Sanitary Inspector in the Army of the Potomac.

The above work is the result of a commission sent by the French Government to report upon the condition of the Hospitals and troops of the French army, and incidentally of the English and Sardinian armies. It is written in the form of a narrative, and the great questions of the prevention and control of disease in camps and hospitals are thoroughly discussed. The hygienic conditions of the United States Army are similar to those of the armies of the Crimea; the rules and prescriptions given in the book will, therefore, be found perfectly applicable. This work recommends itself to commanders of regiments as well as army surgeons.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## MESSRS. BAILLIERE BROTHERS

Begin to inform the

## MEDICAL PROFESSION

And STUDENTS, that having purchased a stock of the publications of MESSRS. BLANCHARD & LEA, LIPPINCOTT & CO., LINDSAY & BLAKISTON, Etc.

They are prepared to sell all the publications of these Houses at a VERY LIBERAL DISCOUNT FOR CASH. Prices will be given on application and orders are respectfully solicited.

## CLINICAL MEMOIRS

ON

## DISEASES OF WOMEN.

By A. H. MCCLINTOCK, M.D.,

8vo. With engravings. Dublin, 1863. 14s.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

THE

## PHARMACOPŒIAS

OF THIRTEEN OF THE LONDON HOSPITALS,

Arranged in groups for easy reference and comparison,

By PETER SQUIRE, F.L.S.,

12mo. London, 1863. 8s.6d.

BAILLIERE BROTHERS, 440 Broadway.

## Hospital Construction, with Notices of Foreign Military Hospitals. By CHARLES A. LEE, M.D.

8vo. Cloth. Price 50 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

GEORGE TIEMANN & CO.  
**Manufacturers of Surgical Instru-**  
 MENTS, &c.  
 No. 63 CHATHAM STREET, NEW YORK.

OTTO & REYNDERS,  
 Manufacturers and Importers of  
**Surgical, Orthopedical, and Dental**  
**Instruments, Trusses, etc.,**  
**58 Chatham Street, New York.**

The various Splints for Morbus Coxarius, Abdominal Supporters, Shoulder-braces, Stockings for Varicose Veins, Electric Machines, Ear-Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Skeletons, Fine Cutlery, etc.

**Artificial Legs and**  
 Arms, Selpho's Patent. The best substitutes for lost limbs the world of science has ever invented. (Established 24 years.)  
 Can be had only of

WM. SELPHO,  
 Patentee and Inventor.  
 516 Broadway, N. Y.  
 Send for pamphlet.  
 N.B.—A Silver Medal just awarded at the late Fair of the American Institute for the best Artificial Limbs.

## DISEASES OF THE THROAT.

**DR. ELSBERG,**

LECTURER ON THE LARYNGOSCOPE AND DISEASES OF THE  
 LARYNX AND THROAT IN THE UNIVERSITY OF  
 NEW YORK,

Devotes himself specially to the Treatment of Diseases of

## THE LARYNX

and Neighboring Organs.

OFFICE HOURS FROM 4 TO 6 P.M.

153 West 15th Street.

## The "Elixir of Calisaya Bark"—

was introduced to the notice of the Faculty in 1830, by J. Milbau, the sole Inventor. None of those numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively known title; it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the original article made by J. MILBAU & SON.

Also, the CHALYBEATE ELIXIR OF CALISAYA BARK (copyrighted), being the above preparation with the addition of two grains of the celebrated Pyrophosphate of Iron to each wineglassful.  
 Sole agency for FRENCH ARTIFICIAL EYES from the leading Paris manufacturer. Single eyes to order. Sets of 129 for oculists.

J. MILBAU & SON,  
 Druggists and Pharmacutists, 138 Broadway, N.Y., near Cortlandt at  
 Either agents for or importers of all the French medicines and fine preparations in vogue.

## Queru's Cod Liver Oil Jelly.—This

Jelly has been approved by the N. Y. Academy of Medicine, and offers the following advantages over the liquid oil:—

1. It can be swallowed without imparting any oil to the palate.
2. It is digested by the most delicate stomachs, even by those which reject the oil.
3. It will never operate as a cathartic.
4. Being entirely digested, the dose is only one tablespoonful; it contains 85 per cent. of oil, as I proved by operating before a committee appointed ad hoc by the Academy of Medicine. For sale by every druggist.

Wholesale at the Office,  
 86 Platt Street, N.Y.

## Reliable Gelatine Capsules of Balsam

of Copaiba, containing each 10 grains of Pure Balsam.

ALSO  
 RELIABLE CAPSULES OF BALSAM OF COPAIBA AND OIL OF CUBEBS, containing each 9 grains of Copaiba and 1 grain of Oil of Cubebs.

One grain of Oil of Cubebs represents 18 grains of cubebs.

Prepared by E. QUERU,  
 Chemist and Pharmaceutist.  
 I beg leave to offer to the profession the above capsules as perfectly reliable, and made of the best and carefully selected substances, and would respectfully request physicians to compare these capsules with any in the market.

J. L. M. QUERU,  
 86 Platt Street.

**WADE & FORD,**  
**Instrument Makers to the**  
**NEW YORK, BELLEVUE, AND CITY HOSPITALS,**  
 Manufacture and Import all kinds of  
**SURGICAL AND DENTAL INSTRUMENTS, APPLIANCES,**  
**SYRINGES, ETC.,**  
 85 Fulton street, New York.

W. & F. beg leave to call the attention of the Faculty to the latest and most COMPACT general operating case, which they have arranged under the supervision of Dr. JAMES R. WOOD, a full description of which will be forwarded upon application. Also, Dr. LEWIS A. SAYRE's Improved outdoor Splint for MORBUS COXARIUS. Directions for measurements will be forwarded when requested.

References:—JAMES R. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.

PRICED CATALOGUES WILL BE SENT TO ANY ADDRESS.

Agents for Jewett's Artificial Limbs, which are superior to all others.

Sole Agents for "Ferinichs Irritation Instrument." Price \$3.00.

## CHRISTMAS AND NEW YEAR'S!



The CRAIG MICROSCOPE, with mounted objects, constitutes a beautiful and appropriate HOLIDAY GIFT to old or young; combining instruction with amusement; magnifying about 100 diameters or 10,000 times, being the power most frequently required for practical purposes, and yet so simple that a child can use it. It is mailed, prepaid, for \$2.25; with 6 beautiful mounted objects, \$3; with 24 objects, \$5. Liberal discount to dealers.

Address,  
 HENRY CRAIG,  
 835 Broadway, New York.

## An Anatomical Ball and Socket- JOINTED LEG, with lateral motion at the ankle, like the natural one.

ALSO:

## THE U.S. ARMY AND NAVY LEG.

The latter is furnished to soldiers by the U.S. Government, without charge, by applying to Douglas Bly, M.D., at either of the following places:—608 Broadway, N. Y., Rochester, N. Y., Cincinnati, O., or St. Louis, Mo.

A pamphlet of description and instructions sent on the receipt of a two cent postage stamp.

## St. Regis Water, from Massena

SPRINGS, St. Lawrence Co., N. Y. These waters are richly impregnated with medicinal salts, possessing singular virtues as remedial agents in the treatment of the following complaints:—Cutaneous Eruptions, Rheumatism, Scrofula, Affections of the Kidneys, Hysteria and all Female Irregularities, Constipation, Piles, etc.

McCord & PINE,  
 Proprietors,  
 Massena, N. Y.

General Agency, 363 Bowery, cor. Fourth st., N. Y. city. The bottled waters may be had from all respectable Druggists.

## TERMS OF THE AMERICAN MEDICAL TIMES.

City and Canadian Subscribers, \$3.50 per annum, payable in advance. Mail Subscribers, \$3 per annum, payable in advance.

Remittances must accompany an order for the Journal. The Publishers will not hold themselves responsible for the loss of moneys inclosed in unregistered letters.

There are two volumes a year, commencing on the 1st of January and July; but subscriptions may begin at any date.

Those who desire to have the series complete can be supplied with the back numbers at the original subscription price.

The last volume, nicely bound in cloth, may be had at the office, for \$2.00 and free by mail for \$2.32; cloth cases for binding may be had at the office for 25 cents, and free by mail for 34 cents.

\*•\* THE MEDICAL TIMES is published every Saturday morning, and is transmitted direct by mail throughout every section of the country. As a medium for immediate communication with the medical profession of the United States, it offers unsurpassed facilities to those desiring to advertise Medical Colleges and Schools, late Works, Surgical Appliances, Instruments of every kind, Drugs and Medicines, etc., etc. The following terms of transient advertisements may be modified by special contract for permanent insertion:

1	column, or less, . . . . .	each insertion	\$1 00
2	" . . . . .	"	1 50
3	" . . . . .	"	2 00
4	" . . . . .	"	2 50
5	" . . . . .	"	3 00
6	" . . . . .	"	3 50
7	" . . . . .	"	4 00
8	" . . . . .	"	4 50
9	" . . . . .	"	5 00
10	" . . . . .	"	5 50
11	" . . . . .	"	6 00
12	" . . . . .	"	6 50
13	" . . . . .	"	7 00
14	" . . . . .	"	7 50
15	" . . . . .	"	8 00
16	" . . . . .	"	8 50
17	" . . . . .	"	9 00
18	" . . . . .	"	9 50
19	" . . . . .	"	10 00
20	" . . . . .	"	10 50
21	" . . . . .	"	11 00
22	" . . . . .	"	11 50
23	" . . . . .	"	12 00
24	" . . . . .	"	12 50
25	" . . . . .	"	13 00
26	" . . . . .	"	13 50
27	" . . . . .	"	14 00
28	" . . . . .	"	14 50
29	" . . . . .	"	15 00
30	" . . . . .	"	15 50
31	" . . . . .	"	16 00
32	" . . . . .	"	16 50
33	" . . . . .	"	17 00
34	" . . . . .	"	17 50
35	" . . . . .	"	18 00
36	" . . . . .	"	18 50
37	" . . . . .	"	19 00
38	" . . . . .	"	19 50
39	" . . . . .	"	20 00
40	" . . . . .	"	20 50
41	" . . . . .	"	21 00
42	" . . . . .	"	21 50
43	" . . . . .	"	22 00
44	" . . . . .	"	22 50
45	" . . . . .	"	23 00
46	" . . . . .	"	23 50
47	" . . . . .	"	24 00
48	" . . . . .	"	24 50
49	" . . . . .	"	25 00
50	" . . . . .	"	25 50
51	" . . . . .	"	26 00
52	" . . . . .	"	26 50
53	" . . . . .	"	27 00
54	" . . . . .	"	27 50
55	" . . . . .	"	28 00
56	" . . . . .	"	28 50
57	" . . . . .	"	29 00
58	" . . . . .	"	29 50
59	" . . . . .	"	30 00
60	" . . . . .	"	30 50
61	" . . . . .	"	31 00
62	" . . . . .	"	31 50
63	" . . . . .	"	32 00
64	" . . . . .	"	32 50
65	" . . . . .	"	33 00
66	" . . . . .	"	33 50
67	" . . . . .	"	34 00
68	" . . . . .	"	34 50
69	" . . . . .	"	35 00
70	" . . . . .	"	35 50
71	" . . . . .	"	36 00
72	" . . . . .	"	36 50
73	" . . . . .	"	37 00
74	" . . . . .	"	37 50
75	" . . . . .	"	38 00
76	" . . . . .	"	38 50
77	" . . . . .	"	39 00
78	" . . . . .	"	39 50
79	" . . . . .	"	40 00
80	" . . . . .	"	40 50
81	" . . . . .	"	41 00
82	" . . . . .	"	41 50
83	" . . . . .	"	42 00
84	" . . . . .	"	42 50
85	" . . . . .	"	43 00
86	" . . . . .	"	43 50
87	" . . . . .	"	44 00
88	" . . . . .	"	44 50
89	" . . . . .	"	45 00
90	" . . . . .	"	45 50
91	" . . . . .	"	46 00
92	" . . . . .	"	46 50
93	" . . . . .	"	47 00
94	" . . . . .	"	47 50
95	" . . . . .	"	48 00
96	" . . . . .	"	48 50
97	" . . . . .	"	49 00
98	" . . . . .	"	49 50
99	" . . . . .	"	50 00
100	" . . . . .	"	50 50

Communications should be addressed "Office American Medical Times, 440 Broadway, N. Y."

BAILLIERE BROTHERS,  
 Publishers and Proprietors.

FEB. 12, 1864.